

No. 2
5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7285

FILED MAR 3 1943
Registration District No. 280

Primary Registration District No. 4418

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Camden Point
(c) Name of hospital or institution: At Home
(d) Length of stay: one week
In this community one week

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(d) Street No. _____
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME EVERETT S. PENDLETON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 5 1879

8. AGE: Years 63 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Kansas City, Mo. Kentucky

10. Usual occupation Laundry

11. Industry or business _____

12. Name Chely Pendleton

13. Birthplace Kentucky

14. Maiden name Mary Ann

15. Birthplace Kentucky

16. (a) Informant Wm W. Bellis

(b) Address Camden Point, Mo.

17. (a) Burial (b) Date thereof 2-24-43

(c) Place: burial or cremation Memorial Park, K.C. Mo.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 21 day February year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 1943 to Feb. 2, 1943 that I last saw him alive on Feb. 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism Duration 10 min.

Due to Lobar Pneumonia 13 days

Due to _____
Other conditions Encephalitis 10 days

Major findings: Of operations 108 Of autopsy _____
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) Means of injury _____
23. Signature S. J. Durham (M. D. or other) _____
Address Durham Mo. Date signed 2-22-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1309

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte County
District File Number 3-43-24
Date Filed 3-1-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Rallius & Mitchell Martuany, Registered Apprentice No. _____, working under my personal supervision.

Signed J H Boile
Licensed Embalmer No. 837
P. O. Address Weston, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 280

Primary Registration District No. 4418

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Camden Point, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 Day 12 Year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME Everett S. Pendleton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color of race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased nn (Month) 5 (Day) _____ (Year)

8. AGE: Years 63 Months 3 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) Mrs. Clay Kifflee
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY

7285

8