. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34628

FILED NOV 4 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4463

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 hrs. (Specify whether
In this community 62 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1853 Jefferson 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Pence

3. (b) If veteran, name war None

3. (c) Social Security No. 499-18-1955A

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Cora Pence

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

7. Birth date of deceased Oct. (Month) 23 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	0	1	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Pence
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Armanda Jane Hall
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Miss Hazel Pence
(b) Address 1853 Jefferson St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri

19. (a) 10-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1947 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct. 23, 1947, to Oct. 24, 1947
that I last saw him alive on Oct. 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis and myocardial infarction

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 d

Of autopsy See above

Duration

PHYSICIAN

Underline the cause of 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)
(d) 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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 10-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. McIlhenny

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 _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Blaine E. Weibert

Licensed Embalmer No. 4075

P. O. Address K. C. Mo.

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.