

No. 2
-12-45
5-17-39
X47070

FILED NOV 8 1947
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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:
North East Osteopathic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day
(Specify whether years, months or days)

In this community 37 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2417 Askew
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lina Pendland

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Kemis Pendland

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

7. Birth date of deceased: 1 5 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>9</u>	<u>23</u>	<u>hr. min.</u>

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name William Johnson

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

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Orville D. Pendland

(b) Address 2417 Askew

17. (a) Burial (b) Date thereof 10-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City Mo.

19. (a) 10-29-47 (b) Bernadine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th.
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 14
1947 to Oct. 28, 1947.

that I last saw her alive on Oct. 28, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute myocarditis & hypertatic pneumonia
Due to hypertensive cardiac
vascular disease

Duration 4 da
2 da
20 yr.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none 132

Of autopsy none

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? _____
(City or town) (County) (State)

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

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Bernadine Holmes (M. D. or other) no

Address 3800 E. 27th St. Date signed 10/29/47

Dr. McCartney

11 2831

3800 East 27th Street

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

Robert A. Hermann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

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.