

FILED OCT 25 '47
Registration District No. 243

Primary Registration District No. 1002

State File No. _____

Registrar's No. 4328

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: Georgian Court Apts.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 40
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 400 E. Armour Blvd. 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Charles R. Pendleton

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 443-03-3684

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 1894 years

7. Birth date of deceased August 21, 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 23
If less than one day, hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business Townley Hardware Co.

12. Name John Pendleton

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

14. Maiden name Alice Wright

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

16. (a) Informant Mrs. David Lloyd

(b) Address Dallas, Tex

17. (a) removal (b) Date thereof 10-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 10-14-47 (b) Geraldine Holmea
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1947 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from June
5, 1947, to October 14, 1947,
that I last saw him alive on October 13, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death
lympho-sarcoma of cervical glands
with metastasis 1 yr.

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 552
Of autopsy _____

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)
(c) Means of injury _____
23. Signature Walter T. Spert (M. D. or other) W.D.
Address 220 Bryant Bldg Date signed 10/17/47

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

NOV 2 1961

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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

10. Usual occupation Salesman

11. Industry or business Townley Hardware Co.

12. Name John Pendleton

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

14. Maiden name Alice Wright

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

16. (a) Informant Mrs David Lloyd
(b) Address Dallas, Tex.

17. (a) Removal (b) Date thereof Oct. 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.

19. (a) 10-14-47 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?..... (Specify type of place) Means of injury.....

23. Signatur J. P. Parish (M. D. or other) R. D.

Address 720 Bryant Bldg Date signed 10/14/47

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

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..... *Thomas E. Jones*

Licensed Embalmer No..... *3775*

P. O. Address..... *R. E. M.*

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.