

APR 19 1952

STANDARD CERTIFICATE OF DEATH

13066

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1480

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ray
c. CITY (If outside corporate limits, write RURAL and give township) Richmond
d. STREET ADDRESS (If rural, give location) Darneal Addition

3. NAME OF DECEASED
a. (First) Jennie b. (Middle) _____ c. (Last) Pence

4. DATE OF DEATH
(Month) March (Day) 29 (Year) 1952

5. SEX female
6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Dec. 1, 1870

9. AGE (In years last birthday) 81
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) household duties

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Rayville, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Abe Bales

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE William Pence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Drew, 1006 Chestnut ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebro vascular hemorrhage
ANTECEDENT CAUSES
DUE TO (b) arteriosclerosis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

331X

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June, 19 51, to March 29, 19 52, that I last saw the deceased alive on March 29 19 52, and that death occurred at 3:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE William L. Mundy M.D. (Degree or title)

23b. ADDRESS 420 Prof. Bldg.

23c. DATE SIGNED 3-31-52

24a. BURIAL CREMATION, REMOVAL (Specify) burial

24b. DATE 4-1-52

24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cem.

24d. LOCATION (City, town, or county) (State) Richmond, Mo.

DATE REC'D BY LOCAL REG. 3-31-52 REGISTRAR'S SIGNATURE Sheraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Thurman Funeral Home ADDRESS Richmond, Mo.

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>52</u> , to <u>date</u> , 19 <u> </u> , that I last saw the deceased alive on <u>March 29</u> , 19 <u>52</u> , and that death occurred at <u>3:50 p.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
<u>William L. Mundy, M.D.</u>		<u>420 Professional Bldg.</u>		<u>3-31-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<u>Burial</u>		<u>April 1, 1952</u>		<u>Sunny Slope Cemetery</u>	
				24d. LOCATION (City, town, or county) (State)	
				<u>Richmond, Mo.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
<u>3-31-52</u>		<u>Heraldine Holmes</u>		<u>Thurman Funeral Home</u> <u>Richmond, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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, ~~DEBEX~~.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Tom L. Thurman.....

Licensed Embalmer No. 4563.....

P. O. Address Richmond, 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.