V. S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 1000

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 254

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4334a Manchester Av. (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: 000

(a) State Missouri (b) County 1819

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 4334a Manchester Av. (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Nevada May Weaver

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Clarence Hensley 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 3rd (Day) 1876 (Year)

8. AGE: Years 65 Months 10 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Seamstress

11. Industry or business _____

FATHER
12. Name Stephan Richard Pemberton
13. Birthplace _____ (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Kirby
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Helen Dinsmore

(b) Address 5536 Bonita Av. Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany. 19 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington Blvd

19. (a) JAN 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day Jan 19 42 year 1942 hour 5 minute 5 A.M.

21. I hereby certify that I attended the deceased from Dec. 28-1941, 1941, to Jan 8th, 1942 that I last saw h _____ alive on _____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer	
Right side of neck above	
Due to collar bone	
Due to	
Other conditions Cardiac dropsy (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
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? ✓ (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 E. L. Scott (M. D. or other) D.O.

Address 4356a Manchester Date signed 1-9-42

(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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Letter

Licensed Embalmer No. 3880

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, above space should be left blank.