

FILED DEC 11 1942

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 270

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirkville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: G. H. O. Hospital
 (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:

(a) State _____ (b) County _____ 10 2
 (c) City or town _____ (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William M Pemberton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased: Oct 21st 1942
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 11 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name James A Pemberton

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

14. Maiden name Margaret Morgan

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

16. (a) Informant James A Pemberton
 (b) Address Shepherd

17. (a) Burial (Burial, cremation, or recovery) (b) Date thereof 10/22/42
 (Month) (Day) (Year)

(c) Place: burial or cremation Shepherd MO

18. (a) Signature of funeral director William Barkley
 (b) Address Shepherd MO

19. (a) 10/23/1942 (b) Mrs. J. L. Wagon
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
 year 1942 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from _____ 1942 to Oct 21 1942
 that I last saw him alive on Oct 21 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary embolism
 Due to: Pneumonia
 Due to: _____

Other conditions: 16/2
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration

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 James A Pemberton (M. D. or other) D.O.
 Address Kirkville Date signed 10/21/42

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

RECEIVED

District Health Officer No. 10

District File Number 12-42-4045

Date Filed Dec-10-1942

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

Henry A. Bartkelee

Licensed Embalmer No. 3835

P. O. Address Shelburne, Vt.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36576

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 270

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkham
(c) Name of hospital or institution: U.S. Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Wm M. Remberton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Oct 21
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12/10/42 (b) Mrs. J. L. Wagoner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town Sheldahl
(If outside city or town limits, write "RURAL")
(d) Street No. Parent's address
(rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-36516 -1942