

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35550

State File No. _____

REG NOV 8 1943 90
Registration District No. 90

Primary Registration District No. 59834427

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville

(c) Name of hospital or institution De Witt Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hrs. (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Müller

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

(d) Street No. Brumley, Mo - R#1 (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME DORSEY LEE PEMBERTON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19 year 1943 hour 1 minute 45 a.m.

21. I hereby certify that I attended the deceased from Oct. 18 1943 to Oct 19 1943 that I last saw him alive on Oct. 18 1943 and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Jan - 18 - 1943

Immediate cause of death Cholera infantum 1 w.

Due to none

Due to _____

Other conditions none (Include pregnancy within 3 months of death)

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

9 9 _____ hr. _____ min.

9. Birthplace Brumley Mo

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name John Pemberton

13. Birthplace Brumley Mo

(City, town, or county) (State or foreign country)

14. Maiden name Beatrice Estrom

15. Birthplace Brumley Mo

(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: 119a

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John Pemberton

(b) Address Brumley, Mo

17. (a) ~~Burial~~ (b) Date thereof 10-20-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brumley - Mo

18. (a) Signature of funeral director C. L. Dancy

(b) Address Brumley - Mo

19. (a) 10-30-1943 (b) W. L. McDonald

(Date received local registrar) (Registrar's signature)

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 Mignon D. Jones (M. D. or other) no

Address Brumley, Mo Date signed 10/19/43

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

75
0
0

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 Ch Casey.....

Licensed Embalmer No 2694.....

P. O. Address St. Louis, 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.