No. 2
M—5-43
Rev. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2043

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution six hours (Specify whether years, months or days)
In this community Six years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1136 E. Dunklin St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Francis Pember
3. (b) If veteran, name war World War # 1
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Fay Pember
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased January 5, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53		2	hr. min.

9. Birthplace Paris (City, town, or county) Mo (State or foreign country)
10. Usual occupation Grocery Businesss
11. Industry or business
FATHER 12. Name James Pember
13. Birthplace Leominister Herefordshire, Eng. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Hattie Francis Dickey
15. Birthplace Paris (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. J. F. Pember
(b) Address Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/45 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo
18. (a) Signature of funeral director Thomas J. Gordon
(b) Address Jefferson City, Mo
19. (a) 1-8-45 (Date received local registrar) (b) Thirma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7 year 1945 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-5-1943 to 1-7-1945 that I last saw him alive on 1-7-1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	6 hrs.
Due to Arteriosclerosis	2 yrs.
Due to	
Other conditions (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 D. W. Gilliam (M. D. or other)
Address Jefferson City, Mo. Date signed 1-9-1945

(Licensed Embalmer's Statement on Reverse Side)

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

6 5 4

2C
5-1
1/26/45

8 9 7

FEB 26 1945
JAN 3 1958

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-17-45

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address Jefferson City, 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.