

No. 2
2-45
7-39
447070

FILED MAR 20 1948

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Osteopathic Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
(Specify whether
In this community **8 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1807 Jackson**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **X**

48
3
8
0

3. (a) PRINT FULL NAME **SARAH C. PEMBERTON**

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

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

6. (b) Name of husband or wife **James H. Pemberton** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **February 25 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 14 hr. min.

9. Birthplace **Stoutland, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Sidney Lane**

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

14. Maiden name **Euna Pritchett**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **James H. Pemberton**

(b) Address **1807 Jackson**

17. (a) **Burial** (b) Date thereof **March 14, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wet Glaize, Missouri**

18. (a) Signature of funeral director **Wilks Funeral Home**

(b) Address **2315 Linwood, K. C. 3 Mo**

19. (a) **3-11-48** (b) **Thalidine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9**
year **1948** hour **1** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **Dec 9, 1947** to **Mar 9, 1948**
that I last saw her alive on **13 - 9 - 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis of liver (b)**
Due to **cholecystitis** years

Duration
3 mos

Other conditions (include pregnancy within 3 months of death) **126**

Major findings: Of operations **Gall Bladder removed in Aug. 1947, (stones)**
Of autopsy **none**

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 _____
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 **L**

23. Signature **Margaret Jones** (M. D. or other) **D. O.**
Address **2834 - R C 2nd** Date signed **3-10-48**

Dr. Myron Jones
3 E. 39th
We 3757

All day

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 *Chas E Weeks*
Licensed Embalmer No. *2644*
P. O. Address *H.C. 240*

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.