

REC'D APR 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11403

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 529
(b) Township Clinton Primary Registration District No. 4373 5705 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank Pemberton 516
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mrs. Emma Pemberton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

FATHER 13. NAME William Pemberton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Elizabeth Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Coal Pemberton
Bevier Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE March 24, 1938

19. FUNERAL DIRECTOR (ADDRESS) Albert Skewis
Macon, Mo.

20. FILED Apr 6 1938 Mrs. R. W. Dowell Local Registrar. 473

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938, to March 23, 1938
I last saw him alive on March 7, 1938. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Senility old age Break Down
Possible at least apoplexy
stroke

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. L. Trippear, M. D.
(Address) College Mound, Mo.

STATEMENT BY LICENSED EMBALMER

I, Russell Barber, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E. 3848
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Russell Barber
Licensed Embalmer No. 3848

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.)