

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10494

Registration District No. 119

Primary Registration District No. 5121

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sumner
(b) City or town Richland
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community _____
years, months or days 5 11

3. (a) PRINT FULL NAME WILLIAM RILEY 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 Married

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

7. Birth date of deceased Nov 15 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>12</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name William Pemberton
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Evelyn Pemberton
(b) Address Richland Mo R. 1

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

(c) Place: burial or cremation Pemberton Seminary

18. (a) Signature of funeral director R. B. Cooper
(b) Address Richland Mo

19. (a) Mar 20 1940 (b) Mr W. J. Clarke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sumner
(c) City or town Richland Rte 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26th
year 1940 hour 2 minute _____ M.

21. I hereby certify that I attended the deceased from Feb 25 to Feb 26, 1940,
that I last saw him alive on February, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
suppurating
pharyngitis Duration 1937

Due to _____
Due to _____

Other conditions Diseases of the male 1939
(Include pregnancy within 3 months of death)

Major findings: prostatitis, N. K. venereal
Of operations _____

Of autopsy None

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? 114

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

23. Signature W. J. Clarke (M. D. or other) _____
Address Richland Mo Date signed 2/26/40

PHYSICIAN
Underline the cause to which death should be charged statistically

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2.
50M-5-17-39
Rev. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE

RECEIVED

District Health Officer No. 7,

District File Number 4-40-627

Date Filed 4-12-40

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.

Not Embalmed

Signed *AB Jasper*

Licensed Embalmer No. 3198

P. O. Address Richland 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, above space should be left blank.