

FILED AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24556

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp. -- 7 hrs.
In this community 7 hours. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Martin Hard Pemberton

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Olivia 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased. Dec. 1 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 7 If less than one day hr. 0 min. 0

9. Birthplace Callaway, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business _____

12. Name Dr. John C Pemberton

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

14. Maiden name Hard

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

16. (a) Informant wife (Mrs. Olivia Pemberton)

(b) Address 124 S. Jefferson, Centralia

17. (a) Buried (b) Date thereof 7-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, MO

18. (a) Signature of funeral director M. McDonald

(b) Address Centralia, MO

19. (a) 7/10/40 (b) Allie Selby
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone
(c) City or town Centralia
(If outside city or town limits, write "RURAL")
(d) Street No. 124 S. Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8
year 1940 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from 5 PM
7-8 1940 to 7:45 7-8 1940
that I last saw h. alive on 7-8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to chr. glomerulo nephritis

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

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while at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John M. Dix, M.D. (M. D. or other) 1

Address Boone County Hosp. Date signed 7-9-40

Physician
Duration
Underline the cause to which death should be charged statistically.

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

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 _____

J. McDonald

Licensed Embalmer No. *2586*

P. O. Address _____

Centralia 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.