

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.

FILED APR 15 1941

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

Do not use this space.

9535

1. PLACE OF DEATH
 County Jackson Registration District No. 399 v
 Township Law Primary Registration District No. 1100 v File No. _____
 City Kansas City (No. Northeast Hospital) Registered No. 944 Ward _____

2. FULL NAME Charles Reuben Pemberton
 (a) Residence, No. _____ St. _____ Ward _____ Clinton Co Mo. R.F.D.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 "Sue" Pemberton
Killie "Sue" Pemberton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1, 1940 11. Total time (years) spent in this occupation Life

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

FATHER
 13. NAME Stephen J. Pemberton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Louisa Lee
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. C. R. Pemberton
 (ADDRESS) Trumble, Mo., R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Suitville Mo DATE 3-9- 1941

19. UNDERTAKER McDouglas Mortuary
 (ADDRESS) Suitville, Mo

20. FILED Thomson 1941 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7- 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1941, to Mar 7, 1941.
 I last saw him alive on 9:15 AM 3/7/41, 1941. Death is said to have occurred on the date stated above, at 9:25 AM.
 The principal cause of death and related causes of importance were as follows:
acute uremia
 Date of onset _____

Other contributory causes of importance:
hypertrophy of prostate with retention

Name of operation Transurethral Resection Date of _____ 3/4/41
 What test confirmed diagnosis renal chemistry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no 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 no
 (Signed) W. A. Weppers, M. D.
 (Address) 714 Chambers Bldg KC Mo

S. A. McDonald,

License no. 2303

Smithville, Mo.