

FILLED OCT 16 1941

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

31436  
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 237  
(b) Township East Center Primary Registration District No. 5323 Registered No. \_\_\_\_\_  
(c) City Greenfield Mo (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

(a) Residence, No. Greenfield Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
10 2 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Greenfield Mo.

FATHER 13. NAME Bones Pemberton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo.

MOTHER 15. MAIDEN NAME Ruth Saffels  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo.

17. INFORMANT (ADDRESS) Ruth Pemberton  
Bois de Arc. Mo. #1  
18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Chapel DATE Aug 24 1938

19. FUNERAL DIRECTOR (ADDRESS) J. W. Ward  
Greenfield Mo.  
20. FILED 9-12-1941 Ed L. Wiley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1938 to Aug 22 1938

I last saw him alive on Aug 21 1938. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Septicemia  
(Staph. stuy)

Date of onset

Other contributory causes of importance:

24 a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) St. Clavan M. D.  
(Address) Greenfield Mo.

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.

Deputy District Officer No. 6,

District File Number 1041-1614

Date Filed OCT 13 1941

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**