

U. S. No. 2  
M-11-10-39  
5-17-39  
VI X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43441

State File No. \_\_\_\_\_

LED JAN 10 1944

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Lulaski

(b) City or town Waynesville, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs. (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller

(c) City or town Rural  
(If outside city or town limits write "RURAL")

(d) Street No. Brunley, Mo, R#1 (If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ Years.

3. (a) PRINT FULL NAME: JAMES MADISON PEMBERTON

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Martha Ruth Pemberton

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb-7-1861  
(Month) (Day) (Year)

\* MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31  
year 42 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12-30, 1943 to 12-31, 1943  
that I last saw him alive on 12-31, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

82 9 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Lobar Pneumonia

Duration \_\_\_\_\_

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

10. Usual occupation Farmer

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

108

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Pemberton

{ 18. Birthplace unknown 7  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Winnia Wiseman

{ 15. Birthplace unknown 7  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

16. (a) Informant James Pemberton

(b) Address Brunley, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Hawkeye, Mo

18. (a) Signature of funeral director Ch Casey

(b) Address Brumley, Mo

19. (a) Jan 4-1944 (Date received local registrar)

(b) Chas M Odd (Registrar's signature)

23. Signature Dr. F. B. Spilling (M.-D. or other) DO

Address Waynesville, Mo Date signed 12/31/43

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 Ch Casey  
Licensed Embalmer No. 2694  
P. O. Address Area 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.**