S. No. 2
DM—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1945

Registration District No. 140

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 55-42

9799

State File No.

Registrar's No. 83

45 0 0

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural County Farm Boonslick Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Howard County Farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs (Specify whether years, months or days) 5

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Rural Howard County Farm
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Narcissa Pemberton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Unknown | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) U

10. Usual occupation "

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country) U

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country) U

16. (a) Informant Roy Roberts
(b) Address Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-44 (Month) (Day) (Year)
(c) Place: burial or cremation County Farm Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 12-7-1944 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1944 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from Dec 4, 1944, to Dec. 6, 1944, that I last saw him alive on Dec. 4, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	?
Due to Bowel-nutrition	
Due to possible Influenza - few days	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. L. Coffman (M. D. or other) MD
Address Fayette Mo Date signed 12-7-44

13 a 1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed .....

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.....
Was Not Embalmed....., Registered Apprentice No.....,
working under my personal supervision.

Signed Ralph A Cave

Licensed Embalmer No. 3340

P. O. Address Fayette 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, fact should be so stated above.