

S. No. 2
M-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40222

State File No.

FILED JAN 9 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5220

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: ST. LUNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-DAYS
(Specify whether years, months or days)

In this community 4-DAYS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 4121 HARRISON STREET
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GREGORY NEIL PEMBLE

(b) If veteran, name war NO

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER Day 18TH
year 1945 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec. 14 1945 to Dec. 18 1945;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

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

7. Birth date of deceased DECEMBER-14-1945
(Month) (Day) (Year)

Immediate cause of death "Convulsions"

Due to Antinomy arizon

Due to _____

Other conditions Primitive hyp. of Pleura
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days 2 If less than one day
4 hr. _____ min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

Major findings:
Of operations _____

Of autopsy 100%

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

MOTHER FATHER {

11. Industry or business _____

12. Name NEIL PEMBLE

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

14. Maiden name PHYLLIS PORTER

15. Birthplace PALO ALTO CALIFORNIA
(City, town, or county) (State or foreign country)

16. (a) Informant MR. NEIL PEMBLE

(b) Address 4121 HARRISON STREET

17. (a) BURIAL (b) Date thereof DEC 20 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEM

18. (a) Signature of funeral director O. H. Newcomer's son

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 12-19-45 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Conroy Pembell (M. D. or other) C. G. M.

Address 231 W. 47 St - Topeka Date signed 12/19/45

Olga Theodor Berg

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 *Emile W. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *Kansas City - 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.