

FILED FEB 27 1946

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Fayette, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
406 Watts  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution -----  
(Specify whether  
In this community All her life  
years, months or days)

3. (a) PRINT FULL NAME Ida Ann Jordan 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 Married  
6. (b) Name of husband or wife William Pemberton 6. (c) Age of husband or wife if alive 84 years  
7. Birth date of deceased April 19, 1866  
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Howard County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Howard Jordan  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Campbell  
15. Birthplace Howard County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Werner  
(b) Address 406 Watts Ave Fayette, Mo.

17. (a) Burial (b) Date thereof 1/27/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette Missouri

19. (a) 1-28-1946 (b) Dorothy Fern Lohm  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Fayette  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25  
year 1946 hour 10:45 minute A M.

21. I hereby certify that I attended the deceased from 1935  
1924 to Jan 24 1946  
that I last saw h. or alive on Jan 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis, chronic

Due to renal degeneration Duration 3 mos.

Due to -----  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none Of operations none Of autopsy none  
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?

While at work (Specify type of place) (a) Means of injury

23. Signature Miss J. Shaw (M. D. or other) M.D.  
Address Fayette Mo. Date signed Jan 26, 1946

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

9-6-46

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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, ~~only~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Ralph A. Carr*

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.