

FILED JUN 23 1947

State File No.

2548

Registration District No. 119

Primary Registration District No. 1002

Registrar's No.

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: 30th & Tracy in Park 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)  
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2801 Forest  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry Curtis PEMBERTON

3. (b) If veteran, name war yes, War 1 3. (c) Social Security No. 449-28-5618

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased July 13, 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 10 25 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Pan Greaser

11. Industry or business Continental Baking Co.

12. Name Henry William Pemberton

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

14. Maiden name Annie Myre Curtis

15. Birthplace London Ontario Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M.C. Pemberton  
(b) Address Maristown Tenn Box 293

17. (a) Removal (b) Date thereof 6-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maristown, Tenn

18. (a) Signature of funeral director Melody-McGilley-Eyler  
(b) Address Kansas City, Missouri

19. (a) 6-11-47 (b) Heralding Holme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1947 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration Pneumonia

Due to Acute Alcoholism

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

Other conditions Deputy Coroner 107  
(Include pregnancy within a month of death)

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

Of autopsy See Above

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? \_\_\_\_\_

23. Signature A.E. Usher (M.D. or other) MD  
Address 2800 Main (City or town) (County) (State) MO 64107

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JUL 2 1947

**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 Russell W. France  
Licensed Embalmer No. 4255  
P. O. Address K. C. 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.