

No. 2
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42054**

FILED JAN 7 1948

Registration District No. **148**

Primary Registration District No. **5570**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Sibley (rural)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) **79 years**

3. (a) PRINT FULL NAME **Cora Belle Pemberton**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **none**

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

7. Birth date of deceased **August 10, 1868**
(Month) (Day) (Year)

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

79 3 8 hr. min.

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

10. Usual occupation **Housewife # work**
in her own home only

MOTHER FATHER

11. Industry or business _____

12. Name **Thomas Pemberton**

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

14. Maiden name **Armilda Thompson**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harley Reed**

(b) Address **Sibley, Missouri**

17. (a) **Burial** (b) Date thereof **Nov. 20, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sibley Cemetery**

18. (a) Signature of funeral director **Vernon M. Reppert** *Buckner 740*

(b) Address _____

19. (a) **Nov-19-47** (b) **V. M. Reppert**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Sibley (rural)** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **3 miles west of Sibley** **0**
(If rural, give location)

(e) Citizen of foreign country? **none** (Yes or No) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **18**
year **1947** hour **7:30** minute **a.m.** M.

21. I hereby certify that I attended the deceased from **Dec 1, 1945** to **November 18, 1947**
that I last saw her alive on **November 18, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of large intestine** Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **None**

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) _____ (e) Means of injury _____

23. Signature **P. W. Higgins** (M. D. or D. O.) **190**

Buckner 740 Date signed **11/21/47**

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.....

Ralph O Jones....., Registered Apprentice No. *61*
working under my personal supervision.

Signed..... *Vernon M. Leppert*.....

Licensed Embalmer No. *2321*.....

P. O. Address..... *Buckner 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.