U. S. No. 2
0M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 5 1948

Registration District No. 140

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4665

State File No.

Primary Registration District No. 3024

Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Howard
(b) City or town: Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 65 years

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: --

3. (a) PRINT FULL NAME: John Franklin Pemberton
3. (b) If veteran, name war: -------
3. (c) Social Security No.: -----
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Louvada McCune
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: June (Month) 13th (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	8	10	hr. --- min.

9. Birthplace: Platte Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: -----
FATHER
12. Name: Frank M. Pemberton
13. Birthplace: Howard Co. Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lourinda Hargis
15. Birthplace: Howard Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. J. F. Pemberton
(b) Address: Fayette, Missouri R. F. D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: New Hope Cemetery
18. (a) Signature of funeral director: Ralph A. Carr
(b) Address: Fayette, Missouri
19. (a) 2-28-1948 (Date received local registrar) (b) Dorothy Jean Sohn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 23 year: 1948 hour: 7:00 minute: A. M.

21. I hereby certify that I attended the deceased from 2-23 1948 to 2-23 1948 that I last saw him alive on 2-23 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	24 hr
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chr. Coronary Disease	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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
23. Signature: Eve Bloom M.D. (M. D. or other)
Address: Fayette, Mo. Date signed: 2-24-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-4-48

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 Lloyd O. Jaspering, Registered Apprentice No. 461, working under my personal supervision.

Signed Ralph A. Cox
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.