

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16938

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 161

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, write RURAL and give township) Independence  
 c. LENGTH OF STAY (In this place) 2 1/2 da.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri  
 b. COUNTY Jackson  
 c. CITY (If outside corporate limits, write RURAL and give township) Sibley Rural Rt 1 Ft. Osage  
 d. STREET ADDRESS (If rural, give location) Rural (West of Town)

3. NAME OF DECEASED  
 a. (First) Emma  
 b. (Middle) \_\_\_\_\_  
 c. (Last) Pemberton

4. DATE OF DEATH (Month) (Day) (Year)  
April 29. 1951

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug. 14. 1876

9. AGE (In years last birthday) Months Days 74 8 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home duties

10b. KIND OF BUSINESS OR INDUSTRY her own home

11. BIRTHPLACE (State or foreign country) Jackson County Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Eli Triplett

13b. MOTHER'S MAIDEN NAME Margaret Hart

14. NAME OF HUSBAND MR. E.S. Pemberton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Forest Gibson 416 Hunter St Ind. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Pulmonary emphysema - c. nephritis - c. uraemia  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS Valvular heart disease & Cardiac decompensation

INTERVAL BETWEEN ONSET AND DEATH 6 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 592 X

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1950 to April 29 1951, that I last saw the deceased alive on Ap. 29, 1951, and that death occurred at PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. H. Allen MD

23b. ADDRESS Independence, Mo.

23c. DATE SIGNED Ap. 30. 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May. 1. 51

24c. NAME OF CEMETERY OR CREMATORY Sibley Cemetery

24d. LOCATION (City, town, or county) (State) Sibley Mo.

DATE REC'D BY LOCAL REG. Apr. 30. 51

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Buc kner Mo.

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

4/22/51 4/25/51

MAY 17 RECD

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 and

Arthur E. Ludman Student Embalmer No. 410  
working under my personal supervision.

Student Arthur E. Ludman  
Student Embalmer

Signed Vernon M. Rapoport  
Licensed Embalmer No. 4311

P. O. Address Buckner

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.