REC'D JAN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43868

Do not use this space.

1. PLACE OF DEATH
(a) County Montgomery 2 — Registration District No. 592
(b) Township Montgomery — Primary Registration District No. 5790 — Registered No.
(c) City Montgomery City 1 (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 45 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SILAS MILTON CLEMISON

(a) Residence, No. ..... St. [ ] .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ ELOISE CLEMISON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30 1873

7. AGE: YEARS 65 | MONTHS 2 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroad MAN
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENDLETOWN MO

FATHER
13. NAME WILLIAM C CLEMISON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND

MOTHER
15. MAIDEN NAME LAURA HOWELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENDLETOWN MISSOURI

17. INFORMANT MRS AH HASSLER (ADDRESS) MONTGOMERY MO

18. BURIAL, ~~CREMATION, OR REMOVAL~~ CEMETERY
PLACE MONTGOMERY City DATE DEC 24 1938

19. FUNERAL DIRECTOR (NAME) JA Maylow (ADDRESS) Montgomery City Mo

20. FILED Dec. 23, 1938 Buell Menefee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1937, to Dec. 23, 1938
I last saw him alive on Dec. 23, 1938. Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of the Liver	4 mo.
2. Carcinoma of Duodeneum	1 yr.

Other contributory causes of importance:

Name of operation Laparotomy Date of Feb. 1938
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Buell Menefee M. D.
(Address) Montgomery City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Edgar Boone Schl

Registered Apprentice No. 158, working under my personal supervision.

Signed Joseph A Marlow

Licensed Embalmer No. 3658

P. O. Address Montgomery City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.