

JUL 10 1939

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

21208  
Do not use this space.

1. PLACE OF DEATH  
 (a) County JACKSON Registration District No. 399  
 (b) Township MAW Primary Registration District No. 1002  
 (c) City KANSAS CITY (d) Street No. MEMORAH HOSPITAL Registered No. 2476  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MAX CLEMENSBERG  
 (a) Residence, No. 4147 MCGEE St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF SADIE  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 21, 1895  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 1 26  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TAILOR  
 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) POLAND 7  
 FATHER 13. NAME MORRIS CLEMENSBERG  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND  
 MOTHER 15. MAIDEN NAME ESTHER -unk  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND  
 17. INFORMANT SADIE CLEMENSBERG  
 (ADDRESS) 4147 MCGEE  
 18. BURIAL, CREMATION, OR REMOVAL PLACE MT. CARMEL DATE JUNE 19 1939  
 19. FUNERAL DIRECTOR (NAME) J.P. LOUIS FUNERAL HOME  
 (ADDRESS) CITY  
6/19 1939 M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 17 1939  
 22. HEREBY CERTIFY, That I attended deceased from June 15 1939 to June 17 1939  
 I last saw him alive on June 16 1939. Death is said to have occurred on the date stated above, at 2:35 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset June 14, 1939  
Hypertension  
 Other contributory causes of importance: J.P.L.  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 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) Jack W. Case M. D.  
 (Address) 620 Angell Bldg  
Kansas City, Mo.

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.

Angela Kelly  
1:00 PM 3:00

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**