

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Platte 2  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Parkville, Mo. route  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: in hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 10 years  
 years, months or days)

3. (a) PRINT FULL NAME Flora Morse Clemons 455  
 3. (b) If veteran, name war no  
 8. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept. 9, 1883  
 (Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Racine, Wisconsin  
 (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel Clemons  
 18. Birthplace Ohio  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Henrietta Wilder  
 15. Birthplace Ohio  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ollie Haas  
 (b) Address Parkville, Mo. route #3  
 17. (a) removal (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Racine, Wis.

18. (a) Signature of funeral director Morton Funeral Home  
 (b) Address North Kansas City, Mo.  
 19. (a) Oct 30 1939 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
 (c) City or town rural (Northern Heights)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Parkville, Mo. R. F. D.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29  
 year 1939 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Sept 1  
 \_\_\_\_\_, 1939 to Oct 29, 1939  
 that I last saw her alive on Oct 29, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Thrombosis with multiple infarction  
 Due to \_\_\_\_\_

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 50

Major findings:  
 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) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address his home Date signed Oct 30 1939

RECEIVED

District No. 1139-1408

Case No. 1139-1408

NOV 9 1939

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.....

**Harold L. Posson**

working under my personal supervision.

Registered Apprentice No. ....

Signed: *Harold L. Posson*

Licensed Embalmer No. **3605**

P. O. Address **North K. C. 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, above space should be left blank.