

MAR 1 - 1940

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain Mo  
(b) City or town Mexico Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Audrain County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Jan 11-18-40  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME James I. Clemens

8. (b) If veteran, name war --- 8. (c) Social Security No. ---

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Rose F Pruitt 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 11, 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 08 Days 08 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Evansville, Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

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

12. Name Unknown

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chyle Clemens

(b) Address Mexico Mo

17. (a) Removal (b) Date thereof 2/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brighton, Ill.

18. (a) Signature of funeral director Blanche Neely

(b) Address Mexico Mo

19. (a) 2-20-1940 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1515 S. Western  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1940 hour 10:50 A.M.

21. I hereby certify that I attended the deceased from 1-18-40  
\_\_\_\_\_ 1940 to 2-19-40, 1940  
that I last saw him alive on 2-19-40  
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion  
Epithelioma like  
of face & neck (Extensive)  
Due to \_\_\_\_\_  
Primary skin cancer  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Hamilton (M. D. or other) \_\_\_\_\_  
Address 112 Missouri St Mexico Mo Date signed 2-19-40

MARGIN RESERVED FOR BINDING

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

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

Signed *Clare Arnold*

Licensed Embalmer No. 3569

P. O. Address *Milwaukee, Wis.*

**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.**