

MAY 15 1940

Registration District No. 408

Primary Registration District No. 5562

State File No. _____

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage Rural - Marion Co.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Near Lakeside, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 9
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper
 (c) City or town Carthage - Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Near Lakeside, Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1940 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from
5-31-36 to 5-2 1940
 that I last saw him alive on 5-2 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion

Due to Chr. Myocarditis

Due to _____

Other conditions
(Include pregnancy within 3 months of death)
None

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 Ed D. James (M. D. or other)
 Address Joplin, Mo. Date signed 5-4-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME William H. Clendenin 453

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

4. Sex Male 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 Nov. 20, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 12 _____ hr. _____ min.

9. Birthplace Batesville, Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 1

11. Industry or business _____ 1

12. Name John G. Clendenin 1

13. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Emily Lee Hynson

15. Birthplace Batesville, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Victoria Clendenin

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 5-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Herman Lohmeyer 645

(b) Address Springfield, Mo.

19. (a) May 5, 1940 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

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

STATE I 1964

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.....

Louis Caspary
.....

Licensed Embalmer No. 34304

P. O. Address Springfield

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Greene } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 16 day of May, 1940, before me appears.....

Victoria Clendenin, who, upon her oath, states that the original record of ~~book~~ death for William Hynson Clendenin died May 2, 1940, in the State of Missouri, and which was filed at Carthage Missouri on May 5, 1940, should be corrected as follows:

Item No. 3 should read William Hynson Clendenin
Instead of William H. Clendenin

Item No. 12 should read John P. Clendenin
Instead of John T. Clendenin

Item No. 14 should read Emily Scott H ynson
Instead of Erma Lee Hynson

Item No. 15 should read Batesville, Arkansas
Instead of Unknown, Va.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant: Victoria Clendenin Sister-in-law
Relationship.

717 S. Fremont, Springfield, Missouri
Present Address.

Subscribed and sworn to before me this 16 day of May, 1940...

My Commission expires July 5, 1943

Duke V. Ferrigan Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-15262

1954