

DEC 12 1940

796

6039

State File No.

Registrar's No.

174

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saline County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 40 years (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME William Clements

3. (b) If veteran, name war ✓ 3. (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 Aug 18 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Joseph Clements

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

14. Maiden name Bridget Ferguson

15. Birthplace Charleston S. Caro.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. W. Brown

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Nov 23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bridget Park Cem

18. (a) Signature of funeral director Campbell
(b) Address Marshall Mo.

19. (a) 11-23-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Saline County Home
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1940 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 7 1940 to Nov 21 1940
that I last saw him alive on Nov 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis
Duration _____

Due to _____
Due to ASC

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature [Signature] (M. D. [Signature])

Address Marshall Mo Date signed 11/29/40

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-12-40

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 W. Campbell
Licensed Embalmer No. 3469
P. O. Address Marshall, 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.