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State File No. _____

JAN 23 1941

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community since 1887
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Frank Clements

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Cliffie Clements 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 9th, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 29 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Clements

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

14. Maiden name Emma Chambers

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

16. (a) Informant Mrs. Cliffie Ridgley
(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof Dec-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) Dec-9-1940 (b) Dr. Josephine Myratt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th
year 1940 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Probably Coronary occlusion

Due to fell dead while talking to a neighbor

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? _____

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

23. Signature C. D. Ducrest (M. D. or other) M. D.
Address Lamar, Mo. Date signed 12/9/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Johnson & Baker Co.

RECEIVED

District Health Officer No. 6,

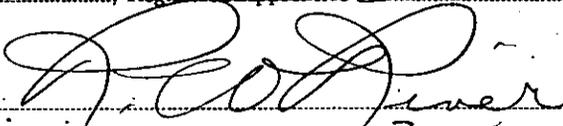
District File Number 141-53

Date Filed JAN 8 1941

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. 3141
P. O. Address: Lanier Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.