

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

43553  
Do not use this space.

FILED JAN 25 1941

**1. PLACE OF DEATH**

(a) County Platte Registration District No. 696  
 (b) Township May Primary Registration District No. 5928 Registered No. 27  
 (c) ~~City Ferrelview, Mo.~~ (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

SIM CLEMENTS  
 (a) Residence, No. Ferrelview, Missouri St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena R. Rice.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	66	7		

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Mo.

FATHER 13. NAME John R. Clements.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Estel County, Ky.

MOTHER 15. MAIDEN NAME Elizabeth Jane Moore.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Sterling, Ky.

17. INFORMANT (ADDRESS) Mrs. Sim Clements  
Ferrelview, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City, Mo. DATE 12/9/1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. F. Rollins.  
Platte City, Missouri.

20. FILED 12/14 1940 Mrs. Francis E. Murray  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/8/1940 - 5<sup>30</sup> AM

22. I HEREBY CERTIFY, That I attended deceased from 12-4, 1940 to 12-8, 1940  
 I last saw him alive on 12-6, 1940 Death is said to have occurred on the date stated above, at 5<sup>30</sup> a. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Cerebral Arteriosclerosis  
 Date of onset 12-4-40  
 Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_  
 (Signed) Hudsonwood, M. D.  
 (Address) Jacksonville, Mo.

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD I X 14028

MAY 11 1955

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, .....

*E. Benjamin Cast*  
....., or by .....

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

Signed *E. Benjamin Cast*  
.....

Licensed Embalmer No. *4059*  
.....

P. O. Address *Platte City - 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.