

No. 2
4-13-40
-17-39
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8579**
Registrar's No. **1989**

Registration District No. **791 1**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town.....
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
In this community **years, months or days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **90**
(c) City or town **Montgomery City** (If outside city or town limits, write "RURAL") **MBI**
(d) Street No. **0**
(e) If foreign born, how long in U. S. A. **1** years.

3. (a) PRINT FULL NAME **Minnie Hale Clemens**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W** 6. (a) Single, **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 **July 10 - 1868**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **19** If less than one day..... hr. min.

9. Birthplace **MONTGOMERY CITY MD**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business.....

12. Name **HENRY CLEMENS**

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

14. Maiden name **JENA REED**

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

16. (a) Informant **Miss Jennie Clemens**

(b) Address **Montgomery City Mo.**

17. (a) **REMOVAL** (b) Date thereof **Mar. 3 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MONTGOMERY CITY MD**

18. (a) Signature of funeral director **Marlowe K. Schwel**

(b) Address **Montgomery City Mo.**

19. (a) **MAR 3 1941** (b) **J. T. B. Walker**
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **1**
year **1941** hour **11** minute **30** A. M.

21. I hereby certify that I attended the deceased from **February 19 1941** to **March 1 1941**, that I last saw her alive on **March 1 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**
Chronic Renaluremia

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 6 months of death)

Major findings:
Of operations.....
Of autopsy.....

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

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 **Samuel D. Thompson** (M. D. or other)
Address **BARNES HOSPITAL** Date signed **3-1-41**

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

00
17
9

1989

1989

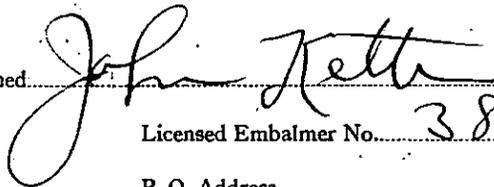
STATEMENT BY LICENSED EMBALMER

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. 3880

P. O. Address.....

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, fact should be so stated above.