

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21172

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 530

1. PLACE OF DEATH **BUCHANAN**

(a) County BUCHANAN

(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution State Hospital # 2
(Specify whether _____)

In this community 13 yrs 2 mos & 14 Days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Norborne - Mo
(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.? Born Florida, Illinois years

3. (a) PRINT FULL NAME Jerry M. Clemens

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1941 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from 3-17-1941
3-17-1941 to 6-18-1941, 1941, to 6-18-1941, 1941;
that I last saw him alive on 6-18-41 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Allie Clemens

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: April (Month) 20 (Day) 1876 (Year)

Immediate cause of death _____

Due to Acute Dilatation of Colon 1 day

Due to subacute meningococcal meningitis with indefinite

Other conditions Psychosis 30 days

Major findings: Dilatation of colon

Of operations _____

Of autopsy Dilatation of Colon

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

70 1 28 — hr. — min.

9. Birthplace Florida - Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant By Allie Clemens - wife - Hospital records

(b) Address Norborne - Mo.

17. (a) Removed (b) Date thereof June 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norborne, Mo

18. (a) Signature of funeral director John D. Deitch

(b) Address Norborne, Mo.

19. (a) June 19 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

85 (Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Donald Breit (M. D. or other) Chm. D.

Address Mo. State Hosp # 2 Date signed 6-19-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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

11
1
7

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John J. Deitch

Licensed Embalmer No. 3654

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.