

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 401

Primary Registration District No. 4236

Registrar's No.

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Lone Jack Mo. Ind. Co.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Lone Jack  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 4 mo. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson Ind. Co.  
(c) City or town Grandview  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Benjamin Clements

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

4. Sex m<sup>0</sup> 5. Color or race W  
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: mo 29 - 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 18  
If less than one day hr. min.

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

10. Usual occupation Concession  
11. Industry of business General

12. Name Jonathan Clements  
13. Birthplace unknown Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Lawrence  
15. Birthplace unknown Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Broyles  
(b) Address Lone Jack Mo.

17. (a) Burial (b) Date thereof Aug 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lone Jack

18. (a) Signature of funeral director N.B. Langford  
(b) Address Lees Summit Mo.

19. (a) Aug 19 1941 (b) Vernie E. Yankee  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17  
year 1941 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from July 19 41 to Aug 17 19 41  
that I last saw him alive on Aug 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis  
Due to Prostatitis

Other conditions 12/26  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

Duration  
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 John C. Hader (M.D. or other)  
Address Lone Jack Mo. Date signed Aug 19

363 (Licensed Embalmer's Statement on Reverse Side)

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

148  
0  
0

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**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. B. Langford*  
Licensed Embalmer No. *5833*  
P. O. Address *Leicester, Mass.*

**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.**