S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 1698

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1010 Henry Street Margaret C. Littler Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo. (Specify whether

In this community 30 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")

(d) Street No. 1010 Henry Street, (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Preston Adair Clemens

3. (b) If veteran, name war None,

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucinda Clemens,

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

7. Birth date of deceased November 12th. 1858, (Month) (Day) (Year)

8. AGE: Years 83 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Princeton, (City, town, or county) Missouri, (State or foreign country)

10. Usual occupation Clergyman,

11. Industry or business Baptist,

FATHER
12. Name Henry Clemens,
13. Birthplace Unknown, (City, town, or county) Missouri, (State or foreign country)

MOTHER
14. Maiden name Nancy Baldin,
15. Birthplace Unknown, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Mrs Viola Knowles

(b) Address 915 Ridenbaugh Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/42 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Auburn Cemetery

18. (a) Signature of funeral director Heaton - McGole - Bowman Funeral Home

(b) Address 319 So. 10th. Street

19. (a) Jan 12, 1942 (Date received local registrar) (b) [illegible] Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th. year 1942 hour 6:00 minute 15 p.M.

21. I hereby certify that I attended the deceased from Nov. 8 - 1941, 19 to Jan. 9, 1942 that I last saw him alive on Nov. 8, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	Unknown
Due to	
Due to	
Other conditions Arterio - sclerosis (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations 162 P
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address [illegible] Date signed 1-10-42

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 1-9-42

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 South St Joseph 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, fact should be so stated above.