S. No. 2
—1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5853

Registration District No. FILED FEB 27 1942

Primary Registration District No. 3006

Registrar's No. 10

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

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1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Columbia, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone Co Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community: Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10

(a) State: Missouri (b) County: Boone 0

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? Yes 1 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: John William Clemens

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male 1

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Linnie Clemens

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

7. Birth date of deceased: May 16, 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	7	22	..... hr. ..... min.

9. Birthplace: Boone Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: .....

FATHER
12. Name: George Washington Clemens
13. Birthplace: Forquire, Co. (City, town, or county) Va. 1 (State or foreign country)

MOTHER
14. Maiden name: Mary Ann Smith
15. Birthplace: Boone Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs. Morris Hacker
(b) Address: Columbia Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Locust Grove, Midway

18. (a) Signature of funeral director: R. O. Willett
(b) Address: Columbia, Mo.

19. (a) 1/10/42 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th year 1942 hour 8:25 minute A.M.

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

Immediate cause of death	Duration
Uremic Poisoning	
Due to Chronic nephritis	
Due to Hypertrophied Prostate	
Other conditions (Include pregnancy within 3 months of death) Acute Parotitis 3 days before death	4 C

Major findings: Of operations: Hyper trophied prostate

Of autopsy: not done.

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 0

23. Signature: Robert H. Simpson (M. D. or other) 0

Address: Columbia, Missouri Date signed: 1/10/42

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(Licensed Embalmer's Statement on Reverse Side)

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 Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.