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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **95343**
Registrar's No. **1227**

FILED APR 6 1942

Registration District No. **399**

Primary Registration District No. **1002**

48
3
8

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 17 Weeks
(Specify whether years, months or days) 27 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 0
(d) Street No. 101 South 10th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Mr. Wesley Clements

3. (b) If veteran, name war World War No. 1
3. (c) Social Security No. 510-07-0703

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Flora Clements 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased March 18 1897
(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 8
If less than one day hr. min.

9. Birthplace Louisburg Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Canning Room Department

11. Industry or business Gudahy Packing Company

MOTHER FATHER

12. Name J. W. Clements

13. Birthplace Beards town Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Bell Campbell

15. Birthplace Beards town Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wesley Clements

(b) Address 101 South 10th St., K.C.K.

17. (a) Burial (b) Date thereof Mar. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-28-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1942 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 25, 1942 to March 26, 1942
that I last saw him alive on 3-25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage
Hypermenstruation
Duration 2 yrs.

Due to 562
Due to 562
Other conditions (include pregnancy within 3 months of death) 562

Major findings: Adenoma of pancreas
Of operations Adenoma of pancreas
Of autopsy Hemorrhage

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 W. Parsons (M. D. or other) 0
Address Olney Med Bldg Date signed 3-27-42

561

APR 6 1942

Mr. [unclear]
[unclear]
[unclear]
2030-41

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.....
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.