S. No. 2
—4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 4 1942

Registration District No. 2700

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5553B

State File No. 14517

Registrar's No. 45

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Little Blue Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mo (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2454 Tracy
(If rural, give location)
(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME: JAMES CLYMER
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Clymer
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: 2 (Month) 17 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
61	6	1	19 hr. min.

9. Birthplace: Kentucky (City, town, or county) / (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: ✓
MOTHER FATHER
12. Name: Eli Clymer
13. Birthplace: ✓ (City, town, or county) Ky. (State or foreign country)
14. Maiden name: Amanda Williams
15. Birthplace: — (City, town, or county) Ky. (State or foreign country)
16. (a) Informant: Mary Gordon
(b) Address: 2454 Tracy
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: Hackins Bros
(b) Address: 1729 Lydia
19. (a) 4-8-42 (Date received local registrar) (b) F. M. Sobisk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5 year 1942 hour 30 minute Past 8 P.M.
21. I hereby certify that I attended the deceased from March 15, 1942 to April 5, 1942 that I last saw him alive on April 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac - Mitral Insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): G2 P0	
Major findings: Of operations: ✓	
Of autopsy: no	

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: L. W. Booker (M. D. ~~or other~~)
Address: 2028 Vine Date signed 4/7/42

1162 (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 Edw G Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E 15 K C 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.