

FILED JUL 15 1942

State File No. ....

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 54

1. PLACE OF DEATH:

(a) County MISSISSIPPI  
(b) City or town CHARLESTON - RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: RFD #2 / Inward to town  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution: 2 MONTHS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI 67  
(c) City or town CHARLESTON - RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #2  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NONE

3. (a) PRINT FULL NAME MONIE CLEMONS

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race B COLOR 6. (a) Single, widowed, married, divorced 2 divorced WIDOWED  
6. (b) Name of husband or wife WILEY CLEMONS 6. (c) Age of husband or wife if alive DECD years  
7. Birth date of deceased JAN. 5 1882  
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 13 If less than one day hr. min.

9. Birthplace PHILADELPHIA, MISSISSIPPI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSE KEEPER

MOTHER FATHER { 12. Name JOE BATTIS  
13. Birthplace MISSISSIPPI  
(City, town, or county) (State or foreign country)  
14. Maiden name ELIZA BAXTER  
15. Birthplace MISSISSIPPI  
(City, town, or county) (State or foreign country)

16. (a) Informant HILEY LEE  
(b) Address 301 VINE ST., CHARLESTON, Mo.

17. (a) REMOVAL + BURIAL (b) Date thereof 6-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation PARADISE CEMETERY, SANATONIA, MISS

18. (a) Signature of funeral director John F. Nunneke Jr  
(b) Address CHARLESTON, Mo

19. (a) June 30 - 42 (b) L. Moore  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 18TH year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from JUNE 14, 1942 to JUNE 18, 1942  
that I last saw her alive on JUNE 14, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Subell.  
and MITRAL STENOSIS Duration O.K.

Due to HYPERTENSION Other conditions DK.  
(Include pregnancy within 3 months of death)

Major findings: Of operations 928 Of autopsy NONE 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 D

23. Signature E. O. Raluy (M. D. or other) D  
Address Charleston Mo Date signed 6/18/42

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

RECEIVED

District Health Office No. 2,

District File Number 742-895

Date Filed JUL 13 1942

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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

*John F. Nunneler Jr*

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.**