

FILED JUL 10 1942

Registration District No. 651

Primary Registration District No. 4388

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1  
2  
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Life-time  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 212 E. 12th. St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Arthur Clemons

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-07-4000

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, 3 divorced, Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 21, 1914  
(Month) (Day) (Year)

8. AGE: Years 28 Months 4 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Caruthersville, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Monan Sales Co.

12. Name William Clemons

13. Birthplace Unknown Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Lora Dempsey

15. Birthplace Unknown Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Clemons

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 6/17/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cem.

18. (a) Signature of funeral director Ash Smith  
(b) Address Caruthersville, Mo.

19. (a) 6-16-1942 (b) Jessie N. Markey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th,  
year 1942 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from May 19 - 1942 to June 14 - 1942  
that I last saw him alive on June 7 - 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis

Duration Don't know

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 12 ft

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? 0 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. R. Linton (M. D. or other) \_\_\_\_\_  
Address Caruthersville, Mo. Date signed 6-14-42

1206

7-42-12

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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 *James A. Osburn*  
Licensed Embalmer No. 4185  
P. O. Address Caruthersville, 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.**