

FILED SEP 3 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3114

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)

(d) Length of stay: In hospital or institution 4 Weeks
(Specify whether years, months or days)

In this community 16 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3121 Chestnut Avenue
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME Mr. William Guy Clemens

3. (b) If veteran, name war No

3. (c) Social Security No. 486-03-9924

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th
year 1942 hour 11 minute 02 P. M.

21. I hereby certify that I attended the deceased from 7-11-40
1940, to 8-16-42, 1942
that I last saw him alive on 8-16, 1942
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Elizabeth Clemens

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 24 1886
(Month) (Day) (Year)

Immediate cause of death
Chronic glomerulo-nephritis
Malignant Hypertension

Due to 131B

Other conditions
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>6</u>	<u>22</u>	<u>hr. min.</u>

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

10. Usual occupation Test Board Man

11. Industry or business Southwestern Bell Telephone Co.

12. Name Marian Clemens

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

14. Maiden name Hattie Moody

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

16. (a) Informant Mrs. W. G. Clemens

(b) Address 3121 Chestnut

17. (a) ~~Funeral~~ (b) Date thereof Aug. 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka Cemetery Topeka, Kansas

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-19-42 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy Chronic Nephritis -

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) (c) Means of injury 0

23. Signature [Signature] (M. D. or other) 9/17/42

Address 311 Apple Bldg Date signed 8/18/42

on Jan 11, 1911
311 Regyle Bldg
1:30 PM

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 J. Virgil Herrick
Licensed Embalmer No. 3599
P. O. Address Kansas City 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.