42277

No.
-9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1943

Registration District No. 27D

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6254

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County WAYNE

(b) City or town SILVA Cedar Creek Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 111

(a) State MISSOURI (b) County WAYNE 0

(c) City or town SILVA RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1 MILE EAST OF SILVA
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME DOLLIE CLEMENTS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE 1

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 4 (Day) 1886 (Year)

8. AGE: Years 56 Months 6 Days 12 If less than one day hr. min.

9. Birthplace WASINGTON, CO. (City, town, or county) NEB 1 (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business —

FATHER
12. Name JOHN CLEMENTS
13. Birthplace (City, town, or county) IND 1 (State or foreign country)

MOTHER
14. Maiden name ANNA LAYCOCK
15. Birthplace (City, town, or county) IND 1 (State or foreign country)

16. (a) Informant ANDREW M. JOY

(b) Address SILVA, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 18 1942 (Month) (Day) (Year)

(c) Place: burial or cremation BOUNDS CREEK

18. (a) Signature of funeral director N. W. Gish

(b) Address Piedmont, MO.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1942 hour 1:00 minute 25 pM.

21. I hereby certify that I attended the deceased from Dec 16, 1942, to Dec 16, 1942
that I last saw her alive on Dec 16, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	2 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature John F Wagner (M. D. ~~or other~~) M. D.

Address Greenville, Mo Date signed Dec 17-42

1222

(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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42277

Registration District No. 370 Primary Registration District No. 6254 Registrar's No.

1. PLACE OF DEATH:

(a) County: Wayne

(b) City or town: Jump
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Nellie Clements

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

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

7. Birth date of deceased: July (Month) 4 (Day) 1886 (Year)

8. AGE: Years 56 Months 6 Days If less than one day hr. min.

9. Birthplace: (City, town, or county) Neb (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Dec 18 1942 (Date received local registrar) (b) Frey Dennett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 16 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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)

(b) 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 (M. D. or other)

Address Date signed

SUPPLEMENTARY