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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10425

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Fairmount Missouri (Rural Inc)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 552 Crescent Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 6 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 552 Crescent Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Josephine K. CLEMENTS.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

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

6. (b) Name of husband or wife Samuel Clements.

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

7. Birth date of deceased October (Month) 23rd, (Day) 1876 (Year)

8. AGE: Years 66 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James Kelly.
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Quilty.
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Irene Russell.
(b) Address 552 Crescent Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Hoge Kansas

18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.

19. (a) 2-3-1943 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st, year 1943 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from October 1942, 19 to January 29th, 1943 that I last saw her alive on 1/29/43., 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Coronary Occlusion

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Fred W. Hink (M. D. or other) MD

Address 10235 Index Ave Date signed 2/2/43

(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.....

Licensed Embalmer No. 7779/CC

P. O. Address.....

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.