

FILLED DEC 27 1943

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH: **GREENE**

(a) County GREENE

(b) City or town SPRINGFIELD MO.

(c) Name of hospital or institution: 609 S. MISSOURI  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

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

(d) Street No. 609 S. Missouri  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME A. J. CLEMENT

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife FANNIE CLEMENT

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased unk. unk. 1849  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>94</u>	<u>unk.</u>	<u>unk.</u>	hr. _____ min. _____

9. Birthplace unk. Unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business Unknown

MOTHER FATHER

12. Name Unknown

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

14. Maiden name unk.

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

16. (a) Informant E. L. Harwood

(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof Dec 13-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director J. W. Klingner & CO

(b) Address SPRINGFIELD MO.

19. (a) 12-13-43 (b) W. H. Hardley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 11<sup>th</sup>  
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 11 to Dec. 11 1943  
that I last saw him alive on December 11 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Arterioclerosis

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9322

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? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature E. L. Harwood (Date received local registrar) \_\_\_\_\_

Address Springfield, MO Date signed 12-13-43

**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.....

*Ogle Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield 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.**

X