

No. 2  
-8-43  
5-17-39  
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FILED OCT 10 1944

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 7417

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
Baptist Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one night  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Lebanon  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 624 Polk Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NEAL EDWIN CLEMMONS

3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Clemmons 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Oct 29 1903  
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 14 If less than one day hr. min.

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

10. Usual occupation Taxi cab driver

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name W. A. Clemmons

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

14. Maiden name Rosie Ricker

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

16. (a) Informant Helen Clemmons

(b) Address 624 Polk Ave Lebanon Mo.

17. (a) Burial (b) Date thereof 9-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon, Mo.

18. (c) Signature of funeral director W. E. Halman

(b) Address Lebanon Mo.

19. (a) 9-30-44 (b) Dr. W. S. Haeckel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13  
year 1944 hour 4 minute 15 AM.

21. I hereby certify that I attended the deceased from Sept 13 1944 to Sept 13 1944  
that I last saw him alive on Sept 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis cause unknown  
Due to acute meningitis  
Due to \_\_\_\_\_

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

Major findings: Of operations none  
Of autopsy none

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 Robert Glyn (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 9/30/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7  
2  
6

944

JAN 17 1942

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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 Dorsey M. Howe  
Licensed Embalmer No. 4222  
P. O. Address Lebanon 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.**

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