

S. No. 2
OM-5-43
v. 5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34312**

FILED NOV 13 1944
Registration District No. **133**

Primary Registration District No. **5486**

Registrar's No. **102**

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Martinsville Dallas Sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Martinsville MO
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison **40**
(c) City or town Martinsville **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SEBERT C LEMONS
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 8
year 1944 hour 7 minute 15 AM.
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.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Hora Clemons 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased _____ (Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration _____
Due to _____
Due to 94A
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 66 Months 13 Days _____ If less than one day hr. min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Mercer County MO (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name Peter P Clemons
13. Birthplace Penn (City, town, or county) (State or foreign country)
14. Maiden name Dean
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Hora Clemons
(b) Address Martinsville MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Kidwell
18. (a) Signature of funeral director W H Noble
(b) Address New Hampton MO
19. (a) Oct 4, 1944 (Date received local registrar) (b) Gola M. Beerris (Registrar's signature)

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) (e) Means of injury 3
23. Signature Joe E. Wheeler (Name or other) Corner
Address Raytown MO Date signed Sept 9, 1944

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

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 W. G. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.