

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

**FILED JUN 10 1946**

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 626

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

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2421 Francis Street  
(If not in hospital or institution, write street number or location)

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

In this community 43 Years

**3. (a) PRINT FULL NAME** Miss. Clementine Josephine Low

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 21 1865  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>81</u>	<u>2</u>	<u>9</u>	hr. min.

9. Birthplace DeKalb County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business

12. Name Stephen Low

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

14. Maiden name Lucretra Tayler

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

16. (a) Informant Donald S. Reed

(b) Address 2615 Jule St., St. Joseph, Missouri

17. (a) Burial (b) Date thereof 6/11/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meyerhoff

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) June 3, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2615 Jule Street  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 30th.  
year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 17, 1937 to May 30, 1946  
that I last saw her alive on May 28, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to cut selerels

Other conditions Heart Dis. cut seler  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy [Signature]

Duration 6 days

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 Dr. Johnson (M. D. or other) MD  
Address St. Joseph Mo Date signed 6-31-46

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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..... *Albert E. Harrington* .....

Licensed Embalmer No. 3258 Missouri.....

P. O. Address St. Joseph, Missouri.....

**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.**