S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29286

State File No.

FILED SEP 13 1946

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 53

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid, 72
(c) City or town Kewanee, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME MATTIE JANE CLYMER
3. (b) If veteran, name war No.
3. (c) Social Security No. No;
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife James Clymer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: March 11, 1869 (Month) (Day) (Year)
8. AGE: Years 77 Months 4 Days 24 If less than one day hr. min.
9. Birthplace Unk. (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation House work
11. Industry or business
FATHER 12. Name James Duffer
13. Birthplace Unk. (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
16. (a) Informant Mrs. Ruth Barry
(b) Address Kewanee, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.
18. (a) Signature of funeral director Richards Und Co.
(b) Address New madrid, Mo.
19. (a) 8-26-46 (Date received local registrar) (b) Mrs. T. Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1946 hour 9:00 minute P. M.
21. I hereby certify that I attended the deceased from 8-1-46, 19..., to ..., 19...; that I last saw her alive on 8-5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Carcinoma of stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. D. Urban (M. D. or other) M.D.
Address Sikeston, Mo. Date signed 8-12-46

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

281224

303 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 946-1101
Date Filed 9-11-46

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 T. J. Collins

Licensed Embalmer No. 4346

P. O. Address New Madrid

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.