

S. No. 2
M-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30664

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2508 Moffet
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dennis Lee Clemens
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 23 1938
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 4 year 1946 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from Aug 3-4, 1946, to Aug 4, 1946.
that I last saw him alive on Aug 4, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
8 5 12 _____ hr. _____ min.

Immediate cause of death acute pneumonia
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Santa Barbara, California
(City, town, or county) (State or foreign country)
10. Usual occupation Child

Major findings:
Of operations 3/6
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Ray Clemens
13. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Webb
15. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Ruth Taylor
(b) Address 2508 Moffet, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial
18. (a) Signature of funeral director Parker Hunsaker Mortuary
(b) Address 1502 Joplin Joplin, Mo.
19. (a) 8-8-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address Joplin Mo Date signed 8-6-46

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

MOTHER, FATHER

46-8-741

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 Steve Parker

Licensed Embalmer No. 2348

P. O. Address Poplar Hill

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.