S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1946

State File No. 32749

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1176

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Barnard, Mo.
(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

3. (a) PRINT FULL NAME: James B. Clements
3. (b) If veteran, name war: —
3. (c) Social Security No. not given
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Frances E. Clements
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: May (Month) 9 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
64	5	7	hr. min.

9. Birthplace: Clay County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
MOTHER FATHER
12. Name: Zack Taylor Clements
13. Birthplace: Liberty (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Fannie Breckenridge
15. Birthplace: Liberty (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Frances E. Clements
(b) Address: Barnard, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/19/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Maryville, Mo.
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville, Mo.
19. (a) Oct. 22, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th year 1946 hour 12:15 minute A. M.
21. I hereby certify that I attended the deceased from 13 Oct, 1946, to 16 Oct, 1946; that I last saw him alive on 15 Oct 1946, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Thrombosis	—
Due to: Thrombophlebitis, left leg secondary to bilateral inguinal hernia	2 days
Due to: Sepsis.	
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.

100B

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: Milton C. McDonald (M. D. or other) M.D.
Address: 301 N. 8th St. St. Joseph Date signed: 18 Oct. 46

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.