

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

FILED SEP 11 1947

Registration District No. **274** Primary Registration District No. **3052** Registrar's No. **262**

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

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sadalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bothwell Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days
 (Specify whether years, months or days)
 In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town LaMonte 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 Jessie Bernice Clemmons
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Enoch I. Clemons
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased May 19 1920
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>2</u>	<u>13</u>	hr. _____ min.

9. Birthplace Sweet Springs Mo.
 (City, town, or county) (State or foreign country)
10. Usual occupation House Wife

11. Industry or business
12. Name Jessie A Hayl
13. Birthplace Buffalo Mo.
 (City, town, or county) (State or foreign country)
14. Maiden name Edna Duffer
15. Birthplace Proctor Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Enoch I. Clemons
(b) Address LaMonte Mo.

17. (a) Burial (Burial, cremation, or removal) Sweet Springs Mo.
(b) Date thereof Aug 3 1947
 (Month) (Day) (Year)

18. (a) Signature of funeral director Saul M. Mow
(b) Address LaMonte Mo.

19. (a) 8-3-47 (Date received local registrar)
(b) Betty Yeager (Registrar's signature)
27 (Date)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1947 hour 5:00 minute 2 M.

21. I hereby certify that I attended the deceased from Feb 1, 1947, to Aug 1, 1947
 that I last saw her alive on Aug 1, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death
Undulant Fever
 Due to _____
 Due to _____

Other condition Cholerae Valvular Lesions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 5

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 _____

23. Signature H. W. Terrell (M. D. or other)
Address Knob Knoster Date signed Aug 1 1947
Mo

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 9-10-47

Learn more

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 Paul M. Moon

Licensed Embalmer No. 3923

P. O. Address La Monte 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.