V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1948

Registration District No. 34

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43956

State File No.

Primary Registration District No. 4503

Registrar's No. 1

103
1
0

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Bernie Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Oscar Lee Clements
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lena May Clements
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: February (Month) 28 (Day) 1873 (Year)
8. AGE: Years 74 Months 9 Days 18 If less than one day hr. min.
9. Birthplace: Madisonville (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: William Allen Clements
FATHER 13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Rachel Jenkins
MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Lena May Clements
(b) Address: Bernie Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bernie Mo.
18. (a) Signature of funeral director: Robert B. Drum
(b) Address: Bernie Mo.
19. (a) 1-9-48 (Date received local registrar) (b) Lottie Jeffress (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1947 hour 2 minute A.M.
21. I hereby certify that I attended the deceased from March 4, 1945 to Dec. 18, 1947 that I last saw him alive on Dec. 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	Unknown
Due to	
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: F. O. Kellogg M.D. (D.O. or other)
Address: Bernie Mo. Date signed 1/6/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-64
Date Filed 1-13-48

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 J. G. Schuman

Licensed Embalmer No. 14 0 8 6

P. O. Address Maeden

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.