No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8545

Registration District No. 145 Primary Registration District No. 5566 Registrar's No.

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Rural, Dent (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 miles south of East End (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: life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Iron
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 7 miles south of East End (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jennie Lee Clements
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: fem
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January (Month) 5 (Day) 1948 (Year)

8. AGE: Years 0 Months 2 Days 5 If less than one day hr. min.

9. Birthplace: Iron County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: none
11. Industry or business:
12. Name (Father): George Clements
13. Birthplace (Father): Iron County Missouri (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Bessie Turner
15. Birthplace (Mother): Reynolds Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: George Clements
(b) Address: Black Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bixby Missouri
18. (a) Signature of funeral director: White Funeral Home
(b) Address: A. White Ironton Mo.
19. (a) March 16, 1948 (Date received local registrar) (b) Mrs Elizabeth Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1948 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from March 9, 1948 to March 10, 1948 that I last saw her alive on March 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia, acute	5 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: NO
Of autopsy:

PHYSICIAN — Underline the cause of 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: 0

23. Signature: Geo. M. Bull (M. D. or other) M.D.
Address: Ironton, Mo. Date signed: 3-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 348-367

Date Filed 3-22-48

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 Ancil J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.