

No. 300
M-10-47
5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8633

Primary Registration District No. 1002

Registrar's No. 1083

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

1. PLACE OF DEATH: Jacks on
 (a) County Kansas City
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
334 South Van Brunt
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no.
(Specify whether
 In this community 1 year
years, months or days)

3. (a) PRINT FULL NAME Mrs. Clara E. Clem
 3. (b) If veteran, no. name war
 3. (c) Social Security No. no.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Harry D. Clem
 6. (c) Age of husband or wife if alive decd. years
 7. Birth date of deceased: June 19 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 20 If less than one day 18
hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER { 12. Name George B. Johnston
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Cassandra Hershman
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. W. Rose
 (b) Address 334 So. Van Brunt, K. C., Mo.
 17. (a) removal (b) Date thereof 3-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wheeling, Missouri

18. (a) Signature of funeral director Stina & McClure
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-10-48 W. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jacks on
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 334 South Van Brunt
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
 year 1948 hour 11:25 minute P. M.

21. I hereby certify that I attended the deceased from Apr 5, 1947, to Apr 7, 1948
 that I last saw her alive on Apr 7, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Chronic Hypertension
Hypertension
 Due to _____

Duration
7 hours
3 years
25 years

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 93d

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?
 While at work? _____ (Specify type of place)
 (e) Means of injury U

23. Signature [Signature] (M. D. or other) [Signature]
 Address 1223 N. Elmwood Date signed 3/10/48

Dr. Rose

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

Charles Stickney

Registered Apprentice No. *64*

working under my personal supervision.

Signed *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address *11 C. 7th*

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.