

FILED JUL 8 1948

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 218

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town RURAL, WASHINGTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
SOUTH EDGE GRANDVIEW
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community LIFE (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town GRANDVIEW RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. SOUTH EDGE GRANDVIEW
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3: (a) *PRINT FULL NAME GEORGE B. CLEMENTS

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased NOV. 22 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 29 If less than one day
hr. min.

9. Birthplace JACKSON Co. Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation RET. FARMER

11. Industry or business

12. Name JOHN AMBROSE CLEMENTS
13. Birthplace KY. I
(City, town, or county) (State or foreign country)
14. Maiden name HANNA SCRIVNER
15. Birthplace KY. I
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. CLEMENTS
(b) Address GRANDVIEW, Mo.

17. (a) BURIAL (b) Date thereof JUNE 23 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BELTON Mo.

18. (a) Signature of funeral director: B. B. BERRYMAN
(b) Address GRANDVIEW

19. (a) JUNE 25-48 (b) Dr. James B. Keady
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 21
year 1948 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased on
4 May 1948 to
that I last saw him alive on 4 May 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
acute
Duration

Due to
Due to Cardiac insufficiency

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 S. D. Hooper (M.D. or other)
Address Grandview, Mo. Date signed 6-22-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
JUL - 8 1948

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview 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.