

National Office of Vital Statistics

FILED JUL 12 1948 7

Registration District No.

Primary Registration District No. 5695

Registrar's No. 852

1. PLACE OF DEATH

(a) County Lionsgton
 (b) City or town Trenton Rural-Cream ridge
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLEM VENABLE3. (b) If veteran, 3. (c) Social Security No. 1

name war.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mimmie F Venable
 6. (c) Age of husband or wife if 61 years
 7. Birth date of deceased August 22, 1878
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>9</u>	hr. min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name J. B. Venable
 13. Birthplace Gallatin Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Frances Catlett
 15. Birthplace Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Mimmie F Venable
 (b) Address Trenton Mo. RFD-3
 17. (a) Burial (b) Date thereof JULY 4, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation May Cemetery

18. (a) Signature of funeral director E. J. Robertson
 (b) Address Jaredo, Mo.

19. (a) July-3-48 (b) Francis B. Nail
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lionsgton 59
 (c) City or town Trenton Rural
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
 year 1948 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 28 1948 to July 1 1948
 that I last saw him alive on July 1 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death cerebral apoplexy Duration 4 days

Due to Hypertension

Due to

Other conditions... (Include pregnancy within 3 months of death)

Major findings:

Of operations... 0Of autopsy... 0

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) 2

While at work? (e) Means of injury

23. Signature Donald J. Pearce (M. D. or other) D.O.
 Address 305 W. Trenton Date signed 7-3-48

DISTRICT HEALTH OFFICE
Camden, Md.

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 V. J. Robertson

Licensed Embalmer No. 2448

P. O. Address Fairfax, Md.

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.