

FILED AUG 9 1948

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **811**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St Joseph Mo**
(c) Name of hospital or institution: **State Hospital No 2 J**
(d) Length of stay: In hospital or institution **3 mo 25 days**
In this community **3 mo 25 days**

3. (a) PRINT FULL NAME **David A. Clemens**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Male** 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 _____

7. Birth date of deceased **February 24 1872**

8. AGE: Years **76** Months **5** Days **4** If less than one day _____

9. Birthplace **Mo.**

10. Usual occupation **laborer**

MOTHER FATHER { 12. Name **Peter P Clemens**
13. Birthplace **Ohio**
14. Maiden name **Anna J. Dean**
15. Birthplace **Pa**

16. (a) Informant **Record Hospital**
(b) Address **St Joseph Mo**

17. (a) Removal **Removal** (b) Date thereof **7/30/48**
(c) Place: burial or cremation **Denton, Mo.**

18. (a) Signature of funeral director **Walter Rawman Funeral Home**
(b) Address **St Joseph, Mo**

19. (a) **8-2-48** (b) **E. B. Jenkins**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Grundy**
(c) City or town **Denton**
(d) Street No. **Denton**
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28**
year **1948** hour **9:45** minute **0** M.

21. I hereby certify that I attended the deceased from **Apr 3** 1948, to **July 28** 1948
that I last saw him alive on **July 28** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Due to **arterio sclerosis**

Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **James Thomas** (M. D. _____)
Address **St Joseph, Mo** Date signed **7/29-48**

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

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.....

William J. Kelly....., Registered Apprentice No. *25*
working under my personal supervision

Signed *Eugene Wood*.....

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St. Joplin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.