

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34079

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson 4X	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, R		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 0	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 809 Huttig 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 809 Huttig 1			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth	b. (Middle) Bordetta	c. (Last) McClement	4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1949
---	----------------------	---------------------	---

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 10, 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 27	IF UNDER 1 HR. Hours Min.
---------------	------------------------	--	--------------------------------	------------------------------------	---------------------------	-------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (State or foreign country) Lebanon, Ind.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	----------------------------------

13a. FATHER'S NAME Jafferson M. Martin	13b. MOTHER'S MAIDEN NAME Elizabeth McFadden	14. NAME OF HUSBAND OR WIFE Wm. H. McClement, (deceased)
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Turner, Kansas City 3, Mo.	ADDRESS
--	---	------------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 hours 5400
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
------------------------	----------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 4:15P m., from the causes and on the date stated above.

23a. SIGNATURE Fred W. Hink	(Degree of M.D.)	23b. ADDRESS	23c. DATE SIGNED 10/8/49
-----------------------------	------------------	--------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/10/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
--	--------------------	---	--

DATE REC'D BY LOCAL REG. Oct. 10-1949	REGISTRAR'S SIGNATURE	3548	FUNERAL DIRECTOR'S SIGNATURE G. Carson	ADDRESS Independence, Mo.
---------------------------------------	-----------------------	------	--	---------------------------

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

ADDITIONAL SUPPLEMENTARY INFORMATION REGISTERED YES  NO

OCT 25 RECD

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Donald W. Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Independence, Miss*

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.