

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Orrick</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Orrick</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Emma</u>	c. (Last) <u>Clemmons</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-37-51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 12--1872</u>	9. AGE (In years last birthday) <u>79</u>	If UNDER 1 YEAR Months	If UNDER 1 YEAR Days	If UNDER 1 HRS. Hours	If UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William B. Parker</u>	13b. MOTHER'S MAIDEN NAME <u>Martha C. West</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Clemmons</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Parker</u>	ADDRESS <u>Orrick, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov-1-51, 1951, to Nov 29, 1951, that I last saw the deceased alive on Nov 27, 1951, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jeffrey F. Simmons</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Orrick, Mo</u>	23c. DATE SIGNED <u>11-29-51</u>
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>Nov. 29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Siegel S*E of Excelsior Springs, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>11-30-51</u>	REGISTRAR'S SIGNATURE <u>Helen J. Larkin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Good</u>	ADDRESS <u>Orrick, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Victor E. Irminger

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

*2898
Liberty 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.