

No. 2
1-5-42
5-17-39
X3287

FILED SEP 13 1945
Registration District No. 1

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry CO
 (b) City or town Clinton MO
 (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 _____ (Specify whether
 In this community 40 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 47
 (c) City or town Clinton MO 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. Washington 2
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EMMA JOE CLEEK
 (b) If veteran, name war ✓
 (c) Social Security No. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6
 year 1945 hour 4:30 minute P.M.
 21. I hereby certify that I attended the deceased from
Sept 3, 1945, to Sept 6, 1945;
 that I last saw her alive on Sept 6, 1945;
 and that death occurred on the date and hour stated above.

4. Sex Fe 1 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Wm Aaron Cleek
 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased 6 2 1867
 (Month) (Day) (Year)

Immediate cause of death Chronic heart failure Duration 1 mo
 Due to Chronic myocarditis Unknown

8. AGE: Years 78 Months 3 Days 4
 If less than one day hr. _____ min. _____

Due to _____
 Other conditions (include pregnancy within 3 months of death) none
 Major findings: Of operations none
 Of autopsy none

9. Birthplace Fayette MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation House Wife

MOTHER FATHER {
 11. Industry or business _____
 12. Name James Jackson
 13. Birthplace Fayette MO
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Black
 15. Birthplace Fayette MO
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Chas Cleek
 (b) Address Clinton MO
 17. (a) Burial (b) Date thereof 9 9 45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Englewood
 18. (a) Signature of funeral director Fred W. Keeney
 (b) Address Clinton MO
 19. (a) 9-9-1945 (b) R. R. Ramsey
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature S. B. Hughes (M. D. or other) MD
 Address Clinton MO Date signed 9/7/45

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

1452

RECEIVED

District Health Officer No. 7,

District 8-45-946

Date Filed 9-10-45

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 Fred Wilkerson
Licensed Embalmer No. 3478
P. O. Address Clinton 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.