

FILED AUG 19 1947

State File No. ....

Registration District No. 13

Primary Registration District No. 2023

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton Mo 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42  
(c) City or town Clinton 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 107 1/2 East of Franklin St 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME CLAYTON, LEE, ANDERS

3. (b) If veteran, name war no 3. (c) Social Security No. none

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: July 5 - 1940  
(Month) (Day) (Year)

8. AGE: Years 7 Months 1 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace North Kansas City Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Clay Anders

13. Birthplace Calhoun Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wentworth

15. Birthplace Clinton Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Anders

(b) Address Clinton Mo 7140

17. (a) Burial (b) Date thereof Aug 10 - 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Charles T. Beck

(b) Address Clinton Mo

19. (a) 8-11-47 (b) R. H. Kerney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10  
year 1947 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Drowned while swimming in a pond and died  
Due to what beyond a pulmonary  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 183  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 8/10/47  
(c) Where did injury occur? Clinton Henry Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on farm

23. Dr. P. H. Kerney (Specify type of place) Pond  
Where at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address Clinton Mo Date signed 8/11/47

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

12  
12

RECEIVED  
OFFICE NO. 21  
7-47-967  
8-18-47  
Date Filed  
District

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 R. R. Kenney

Licensed Embalmer No. 3099

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.