

REC'D SEP 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28576
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 138
(b) Township Prairie Primary Registration District No. 5198
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob A. Clemens

(a) Residence, No. About 20 yrs St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Clemens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1856
7. AGE YEARS 81 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 19, 1938 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) Madison Co.
(STATE OR COUNTRY) Indiana

FATHER 13. NAME Jerimah M. Clemens

14. BIRTHPLACE (CITY OR TOWN) Pennsylvania
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Brock

16. BIRTHPLACE (CITY OR TOWN) Rockingham Co.
(STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mr Lee Clemens
Norborne, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wakanda DATE Aug 2, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. T. Stroud
Norborne, Mo.

20. FILED Aug 10, 1938 B. C. Cole
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938 to July 31, 1938
I last saw him alive on July 31, 1938. Death is said to have occurred on the date stated above, at P.A.M.
The principal cause of death and related causes of importance were as follows:

Atherosclerosis
9/11/38
Date of onset July 19, 1938

Other contributory causes of importance:
degeneration of the arteries especially of the coronary arteries

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) E. R. Colby, M.D.
Norborne, Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/27/88

STATEMENT BY LICENSED EMBALMER

I, J. P. Strand, Licensed Embalmer No. 2406

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed J. P. Strand

Licensed Embalmer No.....

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.)