S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 4 - 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 5470

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 695

**1. PLACE OF DEATH:**

(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Luke's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 15 Years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clay
(c) City or town Gashland (If outside city or town limits write "RURAL")
(d) Street No. None (If rural, give location)
(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) PRINT FULL NAME Mr. Clyde B. Clemie 4.50
3. (b) If veteran, name war World War Vet.
3. (c) Social Security No. 487-03-5236
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Faye Cunniff Clemie
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased October (Month) 10 (Day) 1892 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 47 | 4 | 16 | hr. min. |

9. Birthplace Centerville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Palace Clothing Co.
FATHER
12. Name G Ed Clemie
13. Birthplace Centerville (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Lottie Dale
15. Birthplace Centerville (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs. Faye Clemie
(b) Address Gashland, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Centerville, Iowa
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Feb 16 - 40 (Date received local registrar) (b) M M Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 16th year 1940 hour 5 minute 25 A. M.
21. I hereby certify that I attended the deceased from Jan 10, 1940, to February 16, 1940, that I last saw him alive on February 15, 1940, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Primary Bronchogenic Carcinoma 47 | 3 mo ? |
| Due to Left lung | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Robert C Davis (M. D. ~~or other~~)
Address 820 Prof Bldg Date signed 2/16/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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, above space should be left blank.**