

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20716**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2333**

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

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:
3803 College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 57 years
years, months or days)

3. (a) PRINT FULL NAME Miss Maude M. Clements

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Female 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 alive _____ years

7. Birth date of deceased April 19, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 1 17 _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name John S. Clements

18. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Betty Corbin

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

16. (a) Informant Mrs. Betty C. Biechele

(b) Address 3803 College

17. (a) Burial (b) Date thereof June 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton, Missouri

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) June 7, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3803 College
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6,
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 16
1940, to June 5, 1940
that I last saw her alive on June 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of left breast
Duration 1 1/2 yrs

Due to General metastases 2 mo

Due to see above & lungs 50

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Cancer removed
Of operations Jan 18, 1940
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature L. P. Mike (M. D. or other) MD

Address 113 1/2 R. D. #1 Belton, Mo. Date signed June 6/40

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 3473

....., Registered Apprentice No. 1130-4130

working under my personal supervision.

Signed Clarence W. Childs

Licensed Embalmer No. 3473

P. O. Address 76 E 760

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.