

**DECEASED** DEC 9 1941

Primary Registration District No. **5633**

Registrar's No. **160**

1. PLACE OF DEATH:

(a) County **Lawrence**  
(b) City or town **Mt Vernon Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Missouri State Sanatorium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **141 days** (Specify whether years, months or days)  
In this community **141 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps 51**  
(c) City or town **Rolla** (If outside city or town limits, write "RURAL") **2**  
(d) Street No. **2** (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **AUDREY CLEMENTS**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **225-03-8607**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, divorced, **married**  
(b) Name of husband or wife **Char Clements** 6. (c) Age of husband or wife if alive **29** years  
7. Birth date of deceased **Aug 27 1913** (Month) (Day) (Year)

8. AGE: Years **28** Months **3** Days **3** If less than one day hr. min.

9. Birthplace **Hardy, Mo** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Char Levi Clary**  
13. Birthplace **Indianapolis, Indiana** (City, town, or county) (State or foreign country)  
14. Maiden name **Eliza E. Ashby**  
15. Birthplace **Colored, Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Michael Beard Clerk**  
(b) Address **Missouri State San**  
17. (a) **Removal** (b) Date thereof **11-30-41** (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Rolla, Mo**

18. (a) Signature of funeral director **Wm. Vernon**  
(b) Address **Mt. Vernon, Mo**  
19. (a) **11-30-1941** (Date received local registrar) (b) **Wm. Vernon** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **30** year **1941** hour **7:45** minute **00** M.

21. I hereby certify that I attended the deceased from **July 13th** 1941 to **Nov 30** 1941 that I last saw her alive on **Nov 29** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Th. Over 4 yrs**  
Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **13 p!**  
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?

23. Signature **James L. Beck** (M. D. or other) **MD**  
Address **Mt. Vernon** Date signed **11-30-41**

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

535  
0  
C

17-12

RECEIVED

District Health Officer No. 6,

District File Number 1241-190

Date Filed DEC 8 1941

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

Max L. Fossett

Registered Apprentice No.

268

working under my personal supervision.

Signed

H. D. Fossett

Licensed Embalmer No.

2201

P. O. Address

Mt. Vernon, 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.