

ED. JUL 6 1942/56

Registration District No. _____

Primary Registration District No. 4090

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harrisonville Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural - 9 mi SE Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Riddia Clement

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Clement 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept 5 - 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home Maker

11. Industry or business _____

12. Name John Dalton

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

14. Maiden name Biza Bell

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

16. (a) Informant John D. Clement (b) Address Harrisonville Mo

17. (a) Rural (b) Date thereof June 26 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO

19. (a) June 26, 1942 (b) Margaret Talle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1942 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 20 to June 23 1942
that I last saw her alive on June 23 and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcal

Due Cut on finger on
barb wire

Due to _____

Other conditions: 2nd
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

23. Signature David Stone (M. D. or other) _____
Address Harrisonville Mo Date signed 6/25/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Frank E. Rummel

Licensed Embalmer No.

2681

P. O. Address

Harrisonville

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.