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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29372

Registration District No. 449 Primary Registration District No. 1002 Registrar's No. 3493

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kaw (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Vineyard Park Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community 3 weeks years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48 0

(c) City or town Hopkins Mo 0 (If outside city or town limits, write "RURAL")

(d) Street No. Hopkins Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Betty E. Clements

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex Fa 1

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 27 1924 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 18 | 7 | 25 | hr. min. |

9. Birthplace Colorado (City, town, or county) 1 (State or foreign country)

10. Usual occupation at Home

11. Industry or business Same

FATHER
12. Name Otto Clements
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Myrtle Swaney
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Otto Clements

(b) Address Hopkins Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/42 (Month) (Day) (Year)

(c) Place: burial or cremation Maryville Mo

18. (a) Signature of funeral director Snow Mayberry

(b) Address 2315 Linwood

19. (a) 9/23/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day 22 year 1942 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw h..... alive on Coroner ..... 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Acute vegetative endocarditis

Due to 9/a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy see above

Duration

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 [signature] (M. D. or other)

Address K. C. Mo. Date signed 9/23/42

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(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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address 2315 Lincoln

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**