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No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 15 1943

Registration District No. 106

Primary Registration District No. 2001

Registrar's No. 528

49  
52

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

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 2 Hrs  
(Specify whether years, months or days)

In this community 2 Hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Joplin  
(If outside city or town limits, write "RURAL")

(d) Street No. 1702 Missouri  
(If rural, give location)

(e) Citizen of foreign country? No; (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Paul William Clemmons Jr

3. (b) If veteran, name war M

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd  
year 1942 hour 2 minute A M.

4. Sex M Color or Face W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 3 1942  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/3/42, 19, to 12/3/42, 19; that I last saw him alive on 12/3/42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Atelectasis Duration 2 hrs.

8. AGE: Years Months Days If less than one day  
2 hr. min.

Due to Pulmonary imperfection

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

Due to

10. Usual occupation

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations 1/41 a

MOTHER FATHER { 12. Name Paul William Clemmons

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

Of autopsy

14. Maiden name Hazel Marie Cook

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

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

16. (a) Informant Mrs. John L. Cook

(b) Address 1702 Missouri Joplin Mo

22. If death was due to external causes, fill in the following:

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5th 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Funeral

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

18. (a) Signature of funeral director Parker Hungerer

(b) Address Joplin Mo

(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?

19. (a) 12-5-42 (b) Vertudea Sudhorster  
(Date received local registrar) (Registrar's signature)

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

23. Signature P. A. Mahoney (M. D. or other) D. S. O.  
Address Joplin, Mo. Date signed 12/5/42

1204

(Licensed Embalmer's Statement on Reverse Side)

42-12-1109

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**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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Japhin 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.**