

S. No. 2  
M-5-42  
v. 5-17-39  
1 42873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35153

State File No. ....

NOV 6 1943

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Convalescent Home - 307 - Wise St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks   
(Specify whether years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Chillicothe 059  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1601 - Polk St. 1  
(If rural, give location) 2  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country None None

3. (a) PRINT FULL NAME Emily J. Clem

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Alfred R. Clem  
6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased Jan. 10 - 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 - 8 - 23 hr. min.

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

10. Usual occupation House Keeper

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ed. Brachy

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 10-5-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director James D. Gordon

(b) Address Chillicothe, Missouri

19. (a) Oct 4 - 1943 (b) Lou Ella Curry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3  
year 1943 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from 1943  
August 1943 to 3 of Oct 1943  
that I last saw him alive on Oct. 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia  
(Cerebral Hemorrhage)

Due to Causes not known

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83a!  
Of autopsy None

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) None  
(b) Date of occurrence None  
(c) Where did injury occur? (City or town) (County) (State) None  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? (Specify type of place) (e) Means of injury None

23. Signature H. J. Dawell (M. D. or other) None  
Address 803 Jackson St. Date signed 10-4-43

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

Chillicothe

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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.....

*James D Gordon*

Licensed Embalmer No.....

*1870*

P. O. Address.....

*Lehillicothe M*

**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.**