DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3851

FILED FEB 11 1947

Registration District No. [illegible]

Primary Registration District No. 5902

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Pemiscot

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

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

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Hayti Rural
(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.? ____ years.

3. (a) PRINT FULL NAME Aubrey Ray Clemons

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased Oct. (Month) 28 (Day) 1943 (Year)

8. AGE: Years ____ Months 2 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace Pemiscot County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation infant

11. Industry or business none

FATHER
12. Name Burnis Clemons
13. Birthplace Elouise Tenn. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Lois Ivy
15. Birthplace Eades Tenn. (City, town, or county) / (State or foreign country)

16. (a) Informant's own signature Burnis Clemons
(b) Address Hayti Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director Valhalla Funeral Home
(b) Address Hayti Mo.

19. (a) 1-10-1944 (Date received local registrar) (b) J. A. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 9 day 9 year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 8th, 1944, to Jan 8th, 1944 that I last saw him alive on 1-8-1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	3 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature John F. Robinson (M. D. or other)
Address Hayti Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

1-44-27

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.....

NOT EMBALMED....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Feb

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Rural Hayti Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Aubrey Ray Clemons
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 28 1944 (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day 2 hr. min.
9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 9 1944
year hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? In my opinion this child died from neglect (Specify type of place)
While at work? (e) Means of injury
23. Signature John Peterson MD (M.D. or other)
Address HAYTI MO Date signed 3/8/44

SUPPLEMENTARY

108

3851