

FILED MAR 10 1944

State File No. \_\_\_\_\_

Registration District No. 51

Primary Registration District No. 5181

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Hilderbrand, Mo.  
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 1 north of post office  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cape Gir.

(c) City or town: Hilderbrand, Mo.  
(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: William L. Clements

(b) If veteran, name war: World War #1

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1944 hour 1 minute 45 PM.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

(b) Name of husband or wife: Lena Ruth Clements

(c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: July 25-1887-1904  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Saw Mr. Clements Jan. 13, 1944 to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on January 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: as per autopsy when I saw him he had a jaecum Epilepsy.

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>6</u>	<u>20</u>	hr. <u>✓</u> min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace: near Lixville Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: farming

11. Industry or business: \_\_\_\_\_

MOTHER FATHER

12. Name: Henry Clements

13. Birthplace: Cape Gir. Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Wilhemina Rex

15. Birthplace: Cape Gir. Co. Mo.  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: Lena Clements

(b) Address: Hilderbrand, Mo.

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? \_\_\_\_\_

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof: 2-17-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation: near Lixville, Mo.

While at work? \_\_\_\_\_

(e) Means of injury: 0

18. (a) Signature of funeral director: J. L. Cravats

(b) Address: Jackson, Mo.

19. (a) 2-19-1944  
(Date received local registrar)

(b) Henry W. Cox  
(Registrar's signature)

23. Signature: P. D. Blaylock (M. D. or other) MD

Address: Oak Ridge Mo Date signed: 2-17-44

RECEIVED

District Health Officer No. 4  
District File Number 344-3555  
Date Filed: 3-9-44

MAR 10 1944

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 Thomas A. Allen  
Licensed Embalmer No. 40355  
P. O. Address Jackson

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.