S. No. 2
OM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30540

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 323

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: Independence Sant Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 hours (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 519 So. Main
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Jennie Clements

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: Feb. (Month) 20 (Day) 1867 (Year)

8. AGE: Years 79 Months 7 Days — If less than one day hr. min.

9. Birthplace: Bagdad (City, town, or county) Ky. (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: School Teacher

MOTHER FATHER

12. Name: Francis R. Clements

13. Birthplace: Henry Co. (City, town, or county) Ky. (State or foreign country)

14. Maiden name: Zerelda Cook

15. Birthplace: Shelby Co (City, town, or county) Ky. (State or foreign country)

16. (a) Informant: Mrs. Margaret Alexander

(b) Address: 519 So. Main - Indep.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington

18. (a) Signature of funeral director: Ott & Mitchell

(b) Address: 310 N. Main, Indep. Mo.

19. (a) 9-25-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 19, 1946 to Sept 20, 1946 that I last saw her alive on Sept 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Spontaneous Hemorrhage of the Pons Cerebri	23 hrs.
Due to: Terminal Hypostatic Pneumonia	
Due to: Generalized Arteriosclerosis	

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

Major findings:
Of operations: 97

Of autopsy: See above

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: 0

23. Signature: Harold V. Woods M.D. (M.D. or other)

Address: Independence Mo Date signed 9/20/46

(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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Henry L. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.