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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8978

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 948

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 11 hr. 48 min (Specify whether
In this community 11 hr 48 min
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6205 Olive 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Baby Clem

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race W

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 February 21, 1947
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 11 hr. 48 min.

9. Birthplace Kansas City. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Clinton William Clem
13. Birthplace Humphrey Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilma Iona Nerstrom
15. Birthplace Tuscon Arizona 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Clinton Clem

(b) Address Kansas City Mo

17. (a) Cremation (b) Date thereof 2-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Research Hosp.

18. (a) Signature of funeral director Research Hosp.

(b) Address K.C. Mo.

19. (a) 3-3-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 21, 1947, to Feb 22, 1947;
that I last saw him alive on 2-22-, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Ordema of lungs — 7½ month

Due to Premature separation of placenta

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 160 C

Of autopsy Ordema of lungs.

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Don Carlos Guffey (M. D. or other) MD

Address 717 Prog Bldg. Date signed 2/27/47.

(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.....

....., 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, fact should be so stated above.