S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 30 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

8412

State File No.

Registrar's No. 236

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2
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1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 1233 N. Forest
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none

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0

3. (a) PRINT FULL NAME: Christian Clemens
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: Unknown

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: 2 widowed
6. (b) Name of husband or wife: Wilhelnina
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: November (Month) 10 (Day) 1854 (Year)

8. AGE: Years 93 | Months 4 | Days 9 | If less than one day: hr. min.

9. Birthplace: Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation: Musician (retired)
11. Industry or business: None

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 4 (State or foreign country)
14. Maiden name: Un knowmn
15. Birthplace: Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Son
(b) Address: 223 W Grand
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 20, '48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenl awn
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: 630 St. Louis
19. (a) 3-22-48 (Date received local registrar) (b) W L Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 18
year: 1948 hour: 5 minute: 50 P.M.

21. I hereby certify that I attended the deceased from 2-11- 1948 to 3-18- 1948 that I last saw him alive on 3-16- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart failure	
End stage Arteritis Arteritis	6 wks
Due to: Arteriosclerosis	Unknown
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: C. E. Fuller (M. D. ~~or other~~)
Address: Springfield Mo. Date signed: 3/20/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1958

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 Richard E Watts, Registered Apprentice No. 206, working under my personal supervision.

Signed Jerrell E. Wendle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.