U. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12997

FILED APR 21 1948

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 108

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 SANITARIUM (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS (Specify whether

In this community 85 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town INDEPENDENCE 4 (If outside city or town limits, write "RURAL")

(d) Street No. 111- W. SOUTH SIDE BLVD. 4 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LUTHER HENRY CLEMENTS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife SALLIE CLEMENTS

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased JULY (Month) 14, (Day) 1862 (Year)

8. AGE: Years 85 Months 8 Days 20 If less than one day — hr. — min.

9. Birthplace JACKSON CO., (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARMING

FATHER
12. Name HENRY B. CLEMENTS
13. Birthplace UNKNOWN, (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name FRANCES GOSE
15. Birthplace RUSSELL CO., (City, town, or county) VIRGINIA (State or foreign country)

16. (a) Informant Sallie Clements

(b) Address 111- W. South Side Blvd. Indep.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 6, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON K.C., MO.

18. (a) Signature of funeral director O. L. and Mitchell

(b) Address 310- N. MAIN ST. INDEPENDENCE

19. (a) 4-6-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4 year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 23, 1948 to April 4, 1948; that I last saw him alive on April 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis right Cerebral artery c.

Due to hemiplegia left side Coronary Sclerosis

Due to Arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No autopsy

Duration 11 days

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 E. H. Allen M.D. (M. D. or other)

Address Independence Mo Date signed 4/5/48

(Licensed Embalmer's Statement on Reverse Side)

JUN 1948

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. 3156

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.