

No. 2  
5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Hyde  
State File No. 28594

Registration District No. 336

Primary Registration District No. 6137

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town 1 1/2 mi E of Winona Mo.  
(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 \_\_\_\_\_ (Specify whether  
In this community 17 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon 101

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

(d) Street No. 3 Mi E of Winona, Mo. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Norman Larry Clemons

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 22 1931  
(Month) (Day) (Year)

8. AGE: Years 17 Months 4 Days 10 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Student

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

12. Name Unknown

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Inez Clemons

15. Birthplace Winona Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant J H Clemons  
(b) Address Winona, Mo.

17. (a) Burial (b) Date thereof 8-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation in cemetery

18. (a) Signature of funeral director Duncan Funeral Home  
(b) Address Mountain view, Mo.

19. (a) 8-21-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1  
year 1948 hour 11 minute 50 a. M.

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

Immediate cause of death Auto. Mobile accident  
Keen & instantly

Due to Cerebral Head

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

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) 101

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway near Winona Mo  
While at work? (Specify type of place) (e) Means of injury Car

23. Signature Frank Hyde (M. D. or other) [Signature]  
Address Eminence Mo. Date signed 8-10-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED 8-24-48  
District Health Officer No. 5,  
8485-32  
District File Number 8-24-48  
Date Filed

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 Joe B. Ruman  
Licensed Embalmer No. 4325  
P. O. Address Mt. View, 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.