

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30685

State File No. _____

Registrar's No. 288

FILED SEP 24 1949

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		State File No. _____		Registrar's No. <u>288</u>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Independence			c. LENGTH OF STAY (in this place) 18 yrs		a. STATE Missouri		b. COUNTY Jackson		
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 215 S. Liberty					d. STREET ADDRESS (If rural, give location) 215 S. Liberty						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
a. (First) Charles		b. (Middle) M		c. (Last) Clements		Month () Day () Year () Sept. 14, 1949		male		white	
8. DATE OF BIRTH Mar. 9, 1884			9. AGE (In years last birthday) 65			IF UNDER 1 YEAR Months () Days ()		IF UNDER 24 HRS. Hours () Min. ()		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (State or foreign country) Pleasant Hill, Mo.			12. CITIZEN OF WHAT COUNTRY? USA			10b. KIND OF BUSINESS OR INDUSTRY general			11. BIRTHPLACE (State or foreign country) Pleasant Hill, Mo.		
13a. FATHER'S NAME John Clements			13b. MOTHER'S MAIDEN NAME Anis Hockaday			14. NAME OF HUSBAND OR WIFE Mrs. Mamie Clements			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. no			17. INFORMANT'S SIGNATURE OR NAME Mr. Chas. M. Clements, Independence, Mo.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			19. DATE OF OPERATION		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21a. ACCIDENT SUICIDE HOMICIDE (Specify)		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <u>7-10</u> , 19 <u>49</u> , to <u>9/14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9/14</u> , 19 <u>49</u> , and that death occurred at <u>8:45A</u> m., from the causes and on the date stated above.			23. SIGNATURE (Degree or title) Dr. J. J. Jammar D.O.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 9-14-49			23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill			23d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Sept. 15-1949			24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill			24d. LOCATION (City, town, or county) (State) Independence, Mo.		
DATE REC'D BY LOCAL REG. Sept. 15-1949			REGISTRAR'S SIGNATURE [Signature]			FUNERAL DIRECTOR'S SIGNATURE [Signature]			ADDRESS Independence, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

48
4

114
10
4

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

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Charles F. Tyle

Licensed Embalmer No.

4584

P. O. Address

Indy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.