

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27333

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 114

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give town) Little Blue Prairie
 c. LENGTH OF STAY (In this place) 5 hrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - (Inter-City) 0480
 d. STREET ADDRESS (If rural, give location) 1014 So. Cedar

3. NAME OF DECEASED
 a. (First) Solomon b. (Middle) S. c. (Last) Clemmons

4. DATE OF DEATH (Month) (Day) (Year)
Aug 21, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never Married

8. DATE OF BIRTH Sept 20, 1884

9. AGE (In years) (Months) (Days) IF UNDER 24 HRS. Hours Min.
66 11 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Construction

11. BIRTHPLACE (State or foreign country)
Kansas

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Henry Clemmons

13b. MOTHER'S MAIDEN NAME
Bornie Farrington

14. NAME OF HUSBAND OR WIFE

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.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Miss Marie Clemmons 1014 Cedar

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Lumbar Brain
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Natural

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Hugh H. Owens, Coroner

23b. ADDRESS
1084 Pearl St. Bldg

23c. DATE SIGNED
8-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Aug 24, 1951

24c. NAME OF CEMETERY OR CREMATORY
Mt. Washington Cem

24d. LOCATION (City, town, or county) (State)
Kansas Ct. Mo

DATE REC'D BY LOCAL REG.
8/23-51

REGISTRAR'S SIGNATURE
Donald C. Emanuel

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Dixon L. Kelly Indep. 24

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

SEP 4 RECD

DEC 3 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Dixon L. Kopy*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4225*.....

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.