

S. No. 2
1-14-41
5-17-39
K28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20054

State File No.

Registration District No. 8

Primary Registration District No. 5034

Registrar's No. 21

1. PLACE OF DEATH:

(a) County ANDRAIN
(b) City or town RURAL - PRAIRIE TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
SM. E. MOLINA 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community LIFE years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE 69
(c) City or town SANTA FE 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME FLORA ADELL CLEMENT

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WALLACE CLEMENT 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased JUNE 29, 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 8 If less than one day hr. min.

9. Birthplace ANDRAIN Co. MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business.....

12. Name KENDRICK EYERTS

13. Birthplace N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name ELSIE GOODALE

15. Birthplace MICH. 1
(City, town, or county) (State or foreign country)

16. (a) Informant ADA KENDRICK
(b) Address MOLINA, MO

17. (a) BURIAL (b) Date thereof JUNE 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SANTA FE MO

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.

19. (a) June 12th 47 (b) Martha M. Houser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7
year 1947 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from JUNE 3 1947 to JUNE 7 1947
that I last saw her alive on JUNE 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death APAPLEXY Duration 4 days

Due to HYPERTENSION and ARTERIO SCLEROSIS

Due to.....
Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN OB P.
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?

While at work?..... (Specify type of place) (c) Means of injury 2

23. Signature W. B. Paige (M. D. or other) MO.
Address Ladonia Mo. Date signed 6-9-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 6-47-626
Date Filed JUN 13 1947

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

A. B. Blakey

Licensed Embalmer No. 2616

P. O. Address Earls, Missouri.

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.