

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

15894  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Ray Registration District No. 914  
 (b) Township Shannon Primary Registration District No. 6235  
 (c) City St. Joe (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 45.5

2. PRINT FULL NAME George W. Clemens  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Clemens  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1845  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
94 10 5  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia  
 MOTHER 13. NAME Jeremiah Clemens  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia  
 15. MAIDEN NAME Elizabeth Archer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia  
 17. INFORMANT (ADDRESS) Martha Clemens St. Joe Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany DATE 4-15-1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bernard T. Mead Graymoss Mo  
 20. FILED Apr 18, 1940 Mrs H E Gent Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14, 1940  
 22. I HEREBY CERTIFY, That I attended deceased from April 5, 1940, to April 10, 1940  
 I last saw him alive on April 10, 1940. Death is said to have occurred on the date stated above, at 2:00 a. m. April 14, 1940  
 The principal cause of death and related causes of importance were as follows:  
Myocardial degeneration  
 Date of onset Unknown  
 Other contributory causes of importance:  
Arteriosclerosis  
Chronic Bronchitis  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Ralph E. Washell, M. D.  
 (Address) W. Bellevue, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8.  
District File Number  
Date Filed 5-13-40

**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.....

*Bernard F. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Braymer, 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, above space should be left blank.