

REC'D OCT 20 1938

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

32203  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
(b) Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 687  
(c) City Springfield (d) Street No. St. Johns Hospital 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.

2. PRINT FULL NAME Robert Blandd Claypool 4/4

(a) Residence, No. 437 E. Harrison 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1938 to \_\_\_\_\_, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1928

I last saw him dead Sept-4, 1938 Death is said to have occurred on the date stated above, at 2.50p.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
10 1 21

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Student  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Fractured skull automobile accident. Child was crossing street  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Mo

Other contributory causes of importance: \_\_\_\_\_

13. NAME Hugh Claypool

14. BIRTHPLACE (CITY OR TOWN) Polk Co (STATE OR COUNTRY) Mo

15. MAIDEN NAME Emma Helms

16. BIRTHPLACE (CITY OR TOWN) Douglas Co (STATE OR COUNTRY) Mo

17. INFORMANT Hugh Claypool (ADDRESS) 437 E Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Sept 6, 1938

19. FUNERAL DIRECTOR (NAME) Herman Lohmeyer (ADDRESS) Springfield Mo

20. FILED Sept 6, 1938 Chas. A. Thompson Local Registrar

Name of operation 210 Date of 9/4  
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. Accident Date of injury 9/4, 1938  
Where did injury occur? Springfield Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Street  
Manner of injury Auto Accident  
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) J. P. Ferguson, M. D.  
(Address) 604 E. Elm

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**