

1939 JUN 24 1939

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

19563  
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735  
(b) Township Sugar Creek Primary Registration District No. 3034  
(c) City Moberly, Mo (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.

2. PRINT FULL NAME

(a) Residence, No. 804 West Rollins 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 married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frankie P. Claypool  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27, 1875  
7. AGE YEARS 63 MONTHS 7 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Groceryman  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) 5-19-39 11. Total time (years) spent in this occupation 13 yrs  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland, Mo  
13. NAME Jesse Claypool  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boothe County, Mo  
15. MAIDEN NAME Mary Smithers  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT (ADDRESS) G. G. Claypool Ashland, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Gr. Pleasant DATE 5-22 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jipton - Guymon Moberly, Mo  
20. FILED May 22 1939 Edith Williams Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1939  
22. I HEREBY CERTIFY, That I attended deceased from April 17 1939, to May 19 1939  
I last saw him alive on May 14 1939. Death is said to have occurred on the date stated above, at 11:09 p.m.  
The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion acute Date of onset \_\_\_\_\_  
Other contributory causes of importance: 94 lb  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Chm Was there an autopsy? \_\_\_\_\_  
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) Walter P. Hunter M. D. (Address) Moberly, Mo

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.

WRITE CLEARLY, WITH IMPROVING INK—THIS IS A PERMANENT RECORD

I X (1603)

RECEIVED

District Health Officer No. 10

District File Number 10-39-1007

Date Filed JUN 10 1939

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul T. Miller

Licensed Embalmer No. 2866

P. O. Address Fayette 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.