

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38699

DEC 11 1939  
Registration District No. 2399

Primary Registration District No. 1002

Registrar's No. 4463

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R.C. General Hospital # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11/1/39 to 11/23/39  
(Specify whether years, months or days) One year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2600 Kensington  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME CLAYTON GEORGE

8. (b) If veteran, name war Unknown 8. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23rd year 1939 hour 2:55 A.M. minute A.M.

21. I hereby certify that I attended the deceased from 11/1/39 to 11/23/39; that I last saw him alive on 11/22/39 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased Sept 22 1870  
(Month) (Day) (Year)

Immediate cause of death Acute Bronchopneumonia + Pneumonia (left lung) Duration  
Due to left Bronchogenic cast in one of  
Due to \_\_\_\_\_

8. AGE: Years 69 Months 2 Days 1 If less than one day hr. \_\_\_\_\_ min.

Other conditions metastasis to left lung + liver  
(Include pregnancy within 3 months of death)  
Major findings: Of operations.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name John Clayton

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

14. Maiden name Martha Boyd (City, town, or county) (State or foreign country)  
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature R.C. General Hosp  
(b) Address 24th Cherry

17. (a) Burial (b) Date thereof Nov 23 39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Springton Mo

18. (a) Signature of funeral director Wm. J. Foster  
(b) Address 918 Brooklyn

19. (a) Nov 23 1939 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

Physician \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

28. Signature Dr. D. M. M. M. (M. D. or other) \_\_\_\_\_  
Address R.C. General Hosp Date signed 11/23/39

**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

C. H. Wise

Licensed Embalmer No.

H 25-70

P. O. Address

Kansas City, 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.**