Dr. Hunter

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

42650
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain 2 Registration District No. 26
(b) Township Salt River 1 Primary Registration District No. 3002 Registered No. 164
(c) City Mexico (d) Street No. 603 S Cole 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 453 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Lee Clanton
(a) Residence, No. 603 South Cole St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Mrs. Geo. C. Clanton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1863
7. AGE: Years 76 Months 8 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reform Callaway Co. Mo.

FATHER
13. NAME Wm. H. Clanton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo.

MOTHER
15. MAIDEN NAME Laura Anne Atkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

17. INFORMANT Mrs. Geo. C. Clanton
(ADDRESS) 603 South Cole, Mexico Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Mo. DATE Dec. 13 1939
19. FUNERAL DIRECTOR McPherson Bros.
(ADDRESS) Mexico Mo.
20. FILED Dec 13 1939 Blanche Neely
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 (8:30 P.M.) 1939
22. I HEREBY CERTIFY, That I attended deceased from 12-1-39, 1939, to 12-11-39, 1939
I last saw him alive on 12-11-39, 1939. Death is said to have occurred on the date stated above, at 8:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic degenerative myocarditis	
Pernicious anemia	
43C	

Other contributory causes of importance:
Senile changes

Name of operation — Date of —
What test confirmed diagnosis? Microscopic Examination 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? —
If so, specify
(Signed) D. H. Hanson M. D.
23 (Address) Mexico Mo

(Licensed Embalmer's Statement on Reverse Side)

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. 10
District File Number 1-40-118
Date Filed JAN 9 1940

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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