

Registration District No. 821

Primary Registration District No. 4553

Registrar's No. _____

1. PLACE OF DEATH

(a) County Scott
(b) City or town Likeston Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 3.1 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Milton L Clayton 435

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Elizabeth 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Mar 12-1861
(Month) (Day) (Year)

8. AGE: Years 79 Months _____ Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Equality Johnson Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Henry Madison Clayton

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

14. Maiden name Martha Barnett

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M L Clayton

(b) Address Nullaboro Mo

17. (a) _____ (b) Date thereof 3-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director G. A. Dempster

(b) Address Likeston Mo

19. (a) 4-5-1940 (b) W. H. O'Connell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Likeston
(If outside city or town limits, write "RURAL")
(d) Street No. Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1940 hour 6 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1
1940, 1940 to Mar 20, 1940
that I last saw him alive on Mar 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? Yes

(Specify type of place) _____ (e) Means of injury _____

23. Signature Howard M. Kuehl (M. D. or other) _____

Address Likeston Mo Date signed 3/24/40

Duration

9 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

1 X1931

RECEIVED

District Health Officer No.

District File Number 4402-9

Date Filed 4/8/44

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 G. A. Dempster

Licensed Embalmer No. 2021

P. O. Address Sixeston Mts

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.