

STANDARD CERTIFICATE OF DEATH

State File No. 22596

Registration District No. _____

Primary Registration District No. 725

Registrar's No. 5956

1. PLACE OF DEATH:

- (a) County Polk Co. Mo.
- (b) City or town _____
(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 _____ (Specify whether _____)
- In this community _____
years, months or days 40 yrs

3. (a) PRINT FULL NAME

James F Clayton 4353. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife Nettie6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

Nov 25 1850
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

89616

hr.

min.

9. Birthplace

Mauroe Co
(City, town, or county)Mo
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

Own Farm

12. Name

Geo W Clayton

13. Birthplace

Mo
(City, town, or county)Mo
(State or foreign country)

14. Maiden name

Sarah W Holt

15. Birthplace

Mo
(City, town, or county)Mo
(State or foreign country)

16. (a) Informant's own signature

Clayton Holt

(b) Address

Center mo

17. (a) (Burial, cremation, or removal)

(b) Date thereof

6/3/40
(Month) (Day) (Year)

(c) Place: burial or cremation

Spencerberg mo

18. (a) Signature of funeral director

Geo W Clayton

(b) Address

Center mo

19. (a) (Data received local registrar)

(b)

Geo W Clayton
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Polk
- (c) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
- (d) Street No. Vandalia, Mo. 134 D.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1940 hour 8 minutes 3021. I hereby certify that I attended the deceased from May 15, 1940
_____ 1940, to June 1 1940that I last saw him alive on May 31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis
Chronic

Duration

3 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations noneOf autopsy none

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?
857
- While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature E. H. Brooke (M. D. or other) Do.
Address Center, mo Date signed 6-2-40

RECEIVED

District Health Officer No. 10

District File Number 7-40-1421

Date Filed JUL 13 1940

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. 5356

P. O. Address Denton

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.