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FILED AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25371

State File No. 1

Registration District No. 410 Primary Registration District No. 5 5 3 B Registrar's No. 148

18

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co Home 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Little Blue, Mo
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JULIA CLAYBORNE
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Fe
5. Color or race negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) 1860 (Year)
8. AGE: Years about 80 Months unknown Days If less than one day hr. min.
9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation unemployed
11. Industry or business
FATHER 12. Name Dont Know 9
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dont Know
15. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)
16. (a) Informant County Home Records
(b) Address Little Blue Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-40 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn KC Mo
18. (a) Signature of funeral director Flynn & Greenstreet
(b) Address 1819 E. 15th KC Mo
19. (a) 7-31-40 (Date received local registrar) (b) Saul G. Bevins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1940 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from March 1 1940, 19 to July 29, 1940; that I last saw her alive on July 29, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic & Mitral	
Due to: Insufficiency	
Due to: ✓	
Other conditions (Include pregnancy within 3 months of death) ✓	
Major findings: Of operations ✓	
Of autopsy no	

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? 93
(Specify type of place)
While at work? (e) Means of injury
23. Signature L. W. Boskin (M. D. or other) 1
Address 2028 Vine St Date signed 7/30/40

(Licensed Embalmer's Statement on Reverse Side)

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 Edw. F. Evans

Licensed Embalmer No. 38 36

P. O. Address 1819 E 15 KC Mo

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.)

If this body is not embalmed, above space should be left blank.