DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3855+

MO FEB 25 1941

Registration District No. 678

Primary Registration District No. 5904

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Phelps County.

(b) City or town St James, Missouri. 0

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St James Hospital 0 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution seven days. (Specify whether

In this community Yes years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kimswick, Missouri. (b) County Jefferson 50

(c) City or town 0

(If outside city or town limits, write "RURAL")

(d) Street No. None. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Barton Clennon.

3. (b) If veteran, name war no

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January, 13th, 1885 (Month) (Day) (Year)

8. AGE: Years 56 | Months | Days 24 | If less than one day hr. min.

9. Birthplace David City, Iowa. 1 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Contractor.

FATHER
12. Name Not Known
13. Birthplace " 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known.
15. Birthplace " 4 (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence J. Clennon

(b) Address Cabool Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation Kimmswick Mo

18. (a) Signature of funeral director Jones & Gorman

(b) Address St James Mo.

19. (a) 2/7/41 (Date received local registrar) (b) Elsie B. Houk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 6th year 1941 hour 1.45 a.m. minute M.

21. I hereby certify that I attended the deceased from Jan 28, 1941, to Feb 6, 1941; that I last saw him alive on Feb 6, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Bronchitis	1
Peritonitis	1
Due to Automobile Accident	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
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) Accident 81

(b) Date of occurrence Jan 28-41

(c) Where did injury occur? St James Phelps Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place Hwy 66 (Specify type of place)

While at work? no (e) Means of injury Automobile

23. Signature E. A. Scott (M. D. or other)

Address St James Hospital St James Mo Date signed 2/7/41

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 5,

District File Number 24/234

Date Filed

170 e

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. .....

P. O. Address .....

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.

No. 2B
-2-21-40
I X22859

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3853

Registration District No. 678 Primary Registration District No. 5904 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James T. 1 P

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Barton Vernon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 56 Months Days 24 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 6 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Traumatic Peritonitis	
Due to Auto accident	
Due to went to sleep + ran head on into a tree	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 17 D C
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) acc

(b) Date of occurrence Jan 28 1941

(c) Where did injury occur? St James (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury Auto acc

23. Signature (M. D. or other)

Address Date signed