

FILED APR 7 1944

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

10564

1. PLACE OF DEATH

County DouglasTownship WallsCity Wasola (No. 1)Registration District No. 10713Primary Registration District No. 5398File No. 26Registered No. 26St. 0 Ward 02. FULL NAME Edmond D. Clayton(a) Residence, No. 0

(Usual place of abode)

St. 0Ward 0

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 3, 1941

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wasola, Missouri

FATHER

13. NAME Clifford Ralph Clayton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Longrun Missouri

MOTHER

15. MAIDEN NAME Elnora Granten Fry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wasola Missouri

17. INFORMANT (ADDRESS)

Ralph Clayton
Wasola Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Way cem.DATE 2-23

1944

19. UNDERTAKER (ADDRESS)

Friends
911

20. FILE

3-1

1944

Gela King
White

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 22, 1941

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 3

1941, to

Feb. 22

1941

I last saw him alive on Feb. 21, 1941 Death is saidto have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Failure of Parents to recognize symptoms of immaturity

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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? no

If so, specify

(Signed)

(Address)

M. J. Therman
Amersville Mo

RECEIVED

District Health Officer No. 6,

District File Number 441-501

Date Filed APR 2 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 10564Registration District No. 1671Primary Registration District No. 3398Registrar's No. 26

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Wassels
(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)

3. (a) PRINT
FULL NAMEEdmond D Clayton

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 8

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 Months Days 19 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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) 3-1-1941 (b) Rehaking White (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Douglas
(c) City or town Wassels, mo.
(If outside city or town limits, write "RURAL")

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

- (e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1941 hour minute M.

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

- that I last saw him alive on the date and hour stated above. 19;
and that death occurred on the date and hour stated above. Duration
Immediate cause of death

- Due to

- Due to

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy

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?

- While at work? (Specify type of place) (c) Means of injury

23. Signature M. J. Hoerman (M.D. or other)

- Address Sainsville, mo. Date signed

S-10564 1941

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.