

2
4-41
7-39

AUG 11 1941 218

Primary Registration District No. **3015**

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

1. PLACE OF DEATH:

(a) County **Cooper County**

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

(c) Name of hospital or institution: **St. Joseph**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **about 2 hours**
(Specify whether)

In this community **all his life**
years, months or days

3. (a) PRINT FULL NAME **Sam. Clawson**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **496-01-0748**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Mary Arlene**

6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **Oct 23 - 1898**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	8	17	hr. min.

9. Birthplace **Cooper County Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Car Salesman**

11. Industry or business **Essex Motor Co.**

12. Name **Peter Clawson**

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

14. Maiden name **Ruth Kramer**

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

16. (a) Informant **Mrs. Sam Clawson**

(b) Address **Boonville Mo**

17. (a) **Burial** (b) Date thereof **July 12 - 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Cemetery**

18. (a) Signature of funeral director **Goodman + Ballard**

(b) Address **Boonville Mo**

19. (a) **7-12-41** (b) **St. Cooper**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cooper County**

(c) City or town **Boonville 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 **July** day **10th**
year **1941** hour **3** minute **20** P. M.

21. I hereby certify that I attended the deceased from **July 10 1941** to **July 10 1941**
that I last saw him alive on **July 10 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **2nd and 3rd degree Burns of entire body** Duration **3 hrs.**

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) **accident, car**

(b) Date of occurrence **July 10, 1941**

(c) Where did injury occur? **Boonville Cooper Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
used car lot

While at work? **yes** (Specify type of place) **Gas**
(e) Means of injury **Burns**

23. Signature **T. C. Beckett MD** (M. D. or other) **D**

Address **Boonville, Mo** Date signed **7-11-41**

170C-
98

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-6-41

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 *J. Goodman*

Licensed Embalmer No. *1178*

P. O. Address. *Boonville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

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4-41
7-39
X28390

State File No. 24920
Registrar's No. 84

Registration District No. 218

Primary Registration District No. 3015

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(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 NAME Sam Clawson
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 _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation car salesman

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) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw _____ on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death 2nd + 3rd degree Burns of entire body Duration 3 hrs

from explosion of a can of gasoline in a car parked in a used car lot.

Gasoline was ignited by a cigarette.

Deceased had gotten in the car to close the windows

and the can of gasoline exploded.

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) accident

(b) Date of occurrence July 10, 1941

(c) Where did injury occur? Boonville Cooper mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Used car lot

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

While at work? Yes

23. Signature T O Beckett (Date signed) 8-20-41

Address Boonville, mo Date signed 8-20-41

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

Boonville Mo

S-24920

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 the above constitutes grounds for revocation of license.)

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