

27984

DEPARTMENT OF COMMERCE
Bureau of Census
FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 143

Primary Registration District No. 5-205

1. PLACE OF DEATH:

- (a) County CARTER *Carter, Mo.*
(b) City or town VAN BUREN
(c) Name of hospital or institution: 1

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

- (d) Length of stay: In hospital or institution. _____ (Specify whether
In this community. 10 yrs years, months or days)

3. (a) PRINT FULL NAME EDWARD CLAYTON

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

4. Sex OM 5. Color or race W
6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife SALLY CLAYTON
6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased DEC 21 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 28 hr. min.

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

10. Usual occupation L.A. Baker

11. Industry or business None

12. Name Don't know

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Leland Dodson

- (b) Address Von Buren Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-41

- (c) Place: burial or cremation Von Buren Cemetery

18. (a) Signature of funeral director Phil A. Leuchter

- (b) Address Von Buren Mo.

19. (a) 7-23-41 (b) M. C. Cullen

- (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Carter

- (c) City or town VAN BUREN
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1941 hour 8 minute 4 M.

21. I hereby certify that I attended the deceased from 9-1-40 to 7-19-41
that I last saw him alive on 7-18-41
and that death occurred on the date and hour stated above.

- Immediate cause of death Pneumonia Duration 2 days

- Due to Cystitis

- Due to Long use of a catheter

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

- Major findings: Of operations - 129

- Of autopsy - 129

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) (e) Means of injury 1

23. Signature W. H. Burton (M. D. or other)

- Address Von Buren, Mo. Date signed 7-22-41

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 2-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

We have made a special effort to
secure family history to no avail-

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

7/19/41, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Leo J. Lumbel

Licensed Embalmer No. 3475

P. O. Address

San Antonio, Tex.

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.