DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1941

State File No. 31392

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 264

1. PLACE OF DEATH:
(a) County Cole
(b) City or town St. Marys Hospital (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 313 R. E. Elm St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5hrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town 313 R. E. Elm St. (If outside city or town limits, write "RURAL")
(d) Street No. Jefferson City (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mayhew J. Clardy
3. (b) If veteran, name war ----------
3. (c) Social Security No. 078-05-1120 489-16-0853
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Irene Anna
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased April 6 1910 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
31	4	1	hr. min.

9. Birthplace Callaway Co. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Labor
11. Industry or business Construction work
MOTHER FATHER
12. Name Luther E. Clardy
13. Birthplace Boone Co. Mo. (City, town, or county) 0 (State or foreign country)
14. Maiden name Maud Moore
15. Birthplace Callaway Co. Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Irene Anna Clardy
(b) Address Jefferson City, Mo.
17. (a) Burail (Burial, cremation, or removal) (b) Date thereof 9/10/41 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem
18. (a) Signature of funeral director Breacher Funeral Home
(b) Address Jefferson City, Mo.
19. (a) 9-10-41 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7th year 1941 hour 11- minute 45-a M.
21. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....; that I last saw him dead, ~~alive~~ on September 7th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death a head on collision with an other automobile - throwing
Due to M. J. Clardy to the pavement causing a skull fracture and
Due to other head injuries
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations no
Of autopsy no

Duration

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 Sept. 7th, 1941
(c) Where did injury occur? on highway, 54 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public highway (Specify type of place)
While at work? no (e) Means of injury skull fracture
23. Signature U. W. Holman, coroner 3 (M. D. or other)
Address 8-E-8th ST. FULTON, Mo. Date signed 9-7-41

894 (Licensed Embalmer's Statement on Reverse Side)

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

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 Victor Beusche

Licensed Embalmer No. 3701

P. O. Address Jefferson City, M

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

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