No. 2
9-4-41
17-30
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38396

State File No. 29

Registration District No. ____ Primary Registration District No. 347 Registrar's No. 3018

1. PLACE OF DEATH:

(a) County: Henry Co
(b) City or town: Clinton Mo City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Clinic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: One hour (Specify whether years, months or days)
In this community: all life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Henry 42
(c) City or town: Clinton Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 204 North Carter 2
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) D
If yes, name country ____

3. (a) PRINT FULL NAME: WILLIAM A. MAYER

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

4. Sex: Male D 5. Color or race: white 6. (a) Single, widowed, married, divorced: Sing D

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

7. Birth date of deceased: Mar (Month) 12 (Day) 1932 (Year)

8. AGE: Years 9 Months 8 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace: Clinton (City, town, or county) Mo D (State or foreign country)

10. Usual occupation: School

11. Industry or business ____

MOTHER FATHER

12. Name: George Mayer
13. Birthplace: Benton Co (City, town, or county) Mo (State or foreign country)
14. Maiden name: Minnie Stevens
15. Birthplace: Clinton (City, town, or county) Mo D (State or foreign country)

16. (a) Informant: Mrs George Mayer
(b) Address: Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Englewood

18. (a) Signature of funeral director: Consalus & Peck
(b) Address: Clinton Mo

19. (a) 11-25-41 (Date received local registrar) (b) Dr J. P. Hampton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 25th year: 1941 hour: 6:30 minute: A. M.

21. I hereby certify that I attended the deceased from Nov 25 1941 to Nov 25 1941 that I last saw him alive on ____ 19____ and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxiation / Shock /	
Due to: 30 hours /	
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: 042
(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? (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: Joseph B. O'Neill (M. D. ~~or other~~)
Address: Clinton, Mo. Date signed: Nov 27 41

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1942

RECEIVED
District Health Officer No. 7,
District File Number 12-41-1948
Date Filed 12-1-41

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. E. Consalus

Licensed Embalmer No. 1891

P. O. Address Chinton

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

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

S. No. 2B
I—8-21-41
I X29288

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. 38396

Registration District No. ____ Primary Registration District No. 347 Registrar's No. ____

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton
(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) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: William A. Mayer
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: S.
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Mar. 12, 1933 (Month) (Day) (Year)
8. AGE: Years 9 Months 8 Days ____ 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 Nov. day 25 year 1941 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw him alive on ____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to: Poisoning	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 181-1	
Of autopsy 15	

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 Nov 25, 1941.
(c) Where did injury occur? Home, Clinton, Mo. Henry Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No. (e) Means of injury Home burned.
23. Signature Joseph B. Smith (M. D. or other) M.D.
Address Clinton, Mo. Date signed 1-8-42.