

S. No. 2
1-1-441
7. 5-17-39
X22390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20553

FILED JUN. 26 1941
Registration District No. 429

Primary Registration District No. 4021

Registrar's No. 27

5
0

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

1. PLACE OF DEATH:

(a) County Barry Cassville

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

(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 45 years (Specify whether years, months or days)

In this community 45 years

3. (a) PRINT FULL NAME Maudie M. Clayton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec 28 1880
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew Clayton

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

14. Maiden name Emma Ellen Mercer

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

16. (a) Informant Marye Sullivan

(b) Address Cassville, Mo.

17. (a) Burial (b) Date thereof Oct 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pibart Cemetery

18. (a) Signature of funeral director John Furman

(b) Address Cassville, Mo.

19. (a) June 14 - 1941 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Cassville
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1941 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 1941, to Oct 23 1941,
that I last saw her alive on Oct 23 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 2 weeks

Due to air passing of the liver 7 years

Other conditions suppurative necrotic sores 3 wks
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 1248

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 C

23. Signature James L. Jackson (M. D. or other) M.D.
Address Cassville, Mo. Date signed 10-28-41

RECEIVED

District Health Officer No. 6,

District File Number 1042-884

Date Filed JUN 24 1942

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.....

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Cassville, Mo.

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, fact should be so stated above.