

FILED SEP 4 1942

Registration District No. 293

Primary Registration District No. 4436

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Balls
(b) City or town New London, Mo.
(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 _____ (Specify whether
In this community 82 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Balls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Elizabeth 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, widowed
7. Birth date of deceased March 16 1895
(Month) (Day) (Year)

8. AGE: Years 97 Months 5 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Braxton Houser
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Clark
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Minnie Clayton
(b) Address New London, Mo.

17. (a) Burial (b) Date thereof Aug 21 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bibley cemetery

18. (a) Signature of funeral director Roy P. Schwab
(b) Address 1010 Broadway, Hannibal, Mo.

19. (a) Aug 21 42 (b) R. S. Bering
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1942 hour 2 minutes 25 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Aug 19 1942
that I last saw her alive on Aug 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to old age

Due to _____
Other conditions (include pregnancy within 3 months of death) 93%

Major findings: Of operations _____
Of autopsy _____

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) (c) Means of injury _____

23. Signature H. J. Waters (M. D. or other)
Address New London Mo. Date signed 8-22-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

87
1
0

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RECEIVED

District Health Officer No. 10

District File Number 9-42-1638

Date Filed SEP. 1 - 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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1000 Broadway, Hamstead, N.Y.

This body was not embalmed

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.