U. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36684

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 794

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 2.2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 11/24/38 (Specify whether
In this community Life. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Easton RFD # 1
(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 0

3. (a) PRINT FULL NAME John Clayton Jr.
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 Married.
6. (b) Name of husband or wife Mrs John W. Clayton Jr.
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased December 26th 1907.
(Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Buchanan Co Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Cooker -
11. Industry or business

MOTHER FATHER
12. Name John Clayton Sr.
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Luella Wheeler
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records
(b) Address St Joseph Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 11/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery
18. (a) Signature of funeral director John E. Duffy
(b) Address 6054 Payne, City
19. (a) 11-12-42 (Date received local registrar) (b) Rose Holzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th
year 1942 hour 11 minute 15 a.M.
21. I hereby certify that I attended the deceased from 7/15/42, 19..., to 11/10/42, 19...;
that I last saw h.. alive on 11/10/42, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Syphilitic Meningo-Encephalitis	
Due to: Syphilis of C.N.S.	
Due to:	
Other conditions: Syphilitic Aortitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 30 h
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
(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

23. Signature C.H. Dunham MD (M. D. or other)
Address St Joseph Mo Date signed 11/14/42

(Licensed Embalmer's Statement on Reverse Side)

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

myself., Registered Apprentice No.,

working under my personal supervision.

Signed John E. Ruple

Licensed Embalmer No. 3986

P. O. Address St. Joseph, M

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.