

40225

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 30 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1192

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 402 E. Colorado
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two months
Lifetime (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George A. Clayton
3. (b) If veteran, None name war
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased February 15, 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 26
If less than one day
hr. _____ min.

9. Birthplace Jackson County, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name William Clayton
13. Birthplace Illinois
14. Maiden name Margaret J. May
15. Birthplace Buchanan Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Clayton (Son)

(b) Address 402 E. Colorado, City

17. (a) Burial (b) Date thereof 12/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director John E. Crump

(b) Address 6054 Pryor Ave., City

19. (a) 12-13-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 6,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 10th
year 1942 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov. 4
Nov. 4, 1942, to Dec. 10, 1942
that I last saw him alive on Dec. 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver
by history
Duration 4 mo.
Due to Senility

Due to Emaciation
Other conditions 46 P
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature John E. Crump (M. D. or other) M.D.
Address St. Joseph Mo Date signed 12-12-42

1233

(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.....

.....*myself*....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*John E. Rupp*.....

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.