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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3023

State File No.

Registration District No. 268 Primary Registration District No. 4396 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 1 Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 78

(a) State Missouri (b) County Pemiscot 0

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Almedia Clayton

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race 1 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife X

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

7. Birth date of deceased October (Month) 31, (Day) 1873 (Year)

8. AGE: Years 69 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Clay (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation House-wife

11. Industry or business X

FATHER
12. Name Allen Vaughn
13. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant James L. Clayton
(b) Address Wardell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation Wardell, Mo.

18. (a) Signature of funeral director H. S. Smith
(b) Address Caruthersville, Mo.

19. (a) Feb-1-43 (Date received local registrar) (b) J L Creasy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th, year 1943 hour 6 minute 21 A.M.

21. I hereby certify that I attended the deceased from January 18, 1943, to January 25, 1943 that I last saw her alive on January 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Convulsion.	2 days
Due to	
Due to Chronic Nephritis	Cont. say.
Other conditions Hypertension, Arteriosclerosis, Myocarditis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 131 b	

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 R. G. Bond M.D. (M. D. or other)

Address Hayti, Mo. Date signed 1-26-43

590

(Licensed Embalmer's Statement on Reverse Side)

1-6-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by Body was not embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.