No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39313

FILED DEC 8 1943

Registration District No. 939 Primary Registration District No. 6149 Registrar's No. 23

1. PLACE OF DEATH: (a) County Stoddard
(b) City or town Dudley (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 2 years
In this community

2. USUAL RESIDENCE OF DECEASED: (a) State Mo (b) County Stoddard 103
(c) City or town Dudley (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jimmie Dale Clayton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male
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 April (Month) 26 (Day) 1941 (Year)
8. AGE: Years 2 Months 5 Days 23 If less than one day hr. min.
9. Birthplace Stoddard County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation
11. Industry or business
FATHER 12. Name Joe Clayton
13. Birthplace Remiscot Co. (City, town, or county) Mo. (State or foreign country) 0
MOTHER 14. Maiden name Thelma Scates
15. Birthplace Henderson County, Tenn (City, town, or county) (State or foreign country) /
16. (a) Informant Joe Clayton
(b) Address Dudley, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10 22 43 (Month) (Day) (Year)
(c) Place: burial or cremation Dudley
18. (a) Signature of funeral director M.S. Shain
(b) Address Fisk, Mo.
19. (a) 11-13-1943 (Date received local registrar) (b) J.H. Steinmeier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 19 year 1943 hour 3 minute P M.
21. I hereby certify that I attended the deceased from October 18, 1943, to October 18, 1943, that I last saw him alive on October 18, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Concussion of Brain	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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) accident 163
(b) Date of occurrence Oct. 18, 1943
(c) Where did injury occur? Dudley (City or town) Stoddard (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ~~in yard at home~~ (Specify type of place)
While at work? play (e) Means of injury kicked by horse
23. Signature Gordon C. Humphrey (M. D. or other)
Address Fisk, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1243-150
Date Filed 12-6-43

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.....

Licensed Embalmer No. B474

P. O. Address Poplar Bluff, 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.