

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3573

FILED FEB 14 1944

Registration District No. 210

Primary Registration District No. 5770

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural Madison Township
(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 74-10-18 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Hundy 90
(c) City or town Spickard
(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 Sarah Ellen 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
6. (b) Name of husband or wife Jane E. Clayton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 17 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Mercer Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Stanturf
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Esch Fisher
15. Birthplace unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Clark
(b) Address Mill Grove MO

17. (a) Burial (b) Date thereof Jan 9 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Cem. Hundy Co. MO

18. (a) Signature of funeral director Scholar's funeral Home

(b) Address Spickard MO

19. (a) 1-17-1944 (b) Walter M. Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1944 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 3
1944 to Jan 5 1944
that I last saw her alive on Jan 3 1944
and that death occurred on the date and hour stated above

Immediate cause of death Pneumonia Duration 5 or 6 days

Due to _____

Due to _____

Other conditions. 330
(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) _____

(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. E. McClanahan M.D.

Address Spickard, Missouri Date signed Jan 9, 44

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

MOTHER FATHER

1367

(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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Ross Wise

Licensed Embalmer No.

3771

P. O. Address.....

Spickard 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.