

FILED JAN 24 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3849

Do not use this space.

1. PLACE OF DEATH

(a) County DemiseatRegistration District No. 267(b) Township HaythPrimary Registration District No. 3049Registered No. 2(c) City Hayth(d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number) St.(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME Henry Clay(a) Residence, No. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. Cal. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Gloria Clay (OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-22-18987. AGE YEARS 45 MONTHS 5 DAYS 19 IF LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as saw mill, bank, etc. Cafe
10. Date deceased last worked at this occupation (month and year) 1-16-44 11. Total time (years) spent in this occupation 312. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Snow Lake ArkFATHER 13. NAME John Clay Ark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Snow Lake ArkMOTHER 15. MAIDEN NAME Mary Johnston Ark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warner Ark17. INFORMANT (ADDRESS) Gloria Clay Hayth Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Hayth Mo DATE 1-18-4419. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Smith Hayth Mo20. FILED 1-18-44 1944 J. W. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-16-194422. I HEREBY CERTIFY That I attended deceased from , 1944, to , 1944.I last saw h. alive on , 1944. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gunshot wound in abdomen accidentally inflicted by himself Date of onset Other contributory causes of importance: Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 1/16-44Where did injury occur? Restaurants (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury GunshotNature of injury Wound in abdomen24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Julius V. Moore Coroner, M.(Address) Hayth Mo

JAN 24 1944

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..... *J. M. Hill*

Licensed Embalmer No. *2627*

P. O. Address *Lilbourn 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, above space should be left blank.