

No. 2  
-2-43  
5-17-39  
X35697

State File No. \_\_\_\_\_

FILED MAR 14 1944 7  
Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 16

1. PLACE OF DEATH:  
 (a) County Ray  
 (b) City or town Richmond  
(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. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Ray  
 (c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Hill St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Zue Irine Clay  
 (b) If veteran, name war No  
 (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Mar day 7  
 year 1944 hour \_\_\_\_\_ minute 40 A. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 (b) Name of husband or wife Alexander Clay  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 25 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-3-1-44 19 to 3-7-44 19  
 that I last saw h. OR alive on 3-6-44 19  
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 8 Days 11 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Mitral Stenosis  
 Duration ?

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

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation House duties

Other conditions Diabetes insipidus ?  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Moore  
 13. Birthplace Unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
 14. Maiden name Eliza Rodah  
 15. Birthplace Unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 61  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Edgar Clay  
 (b) Address Richmond. Mo.

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)  
 Means of injury \_\_\_\_\_

17. (a) Burial (b) Date thereof Mar. 8. 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Richmond. Mo.

18. (a) Signature of funeral director [Signature]  
 (b) Address Richmond. Mo.

23. Signature [Signature]  
 Address Richmond, Mo. Date signed 3-8-44

19. (a) 3/8/44 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-13-44

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 ##

....., Registered Apprentice No.....

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.