

FILED MAR 13 1944 4
Registration District No. 2

Primary Registration District No. 5893

State File No. _____

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Priest Creek, Mo
(c) Name of hospital or institution:
near Howard Ridge mo
(d) Length of stay: In hospital or institution _____
In this community life time
years, months or days 83 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark?
(c) City or town Priest
(d) Street No. near Howard Ridge
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME LETTA JANE CLAYTON

3. (b) If veteran, name war none 3. (c) Social Security No. none

20. DATE OF DEATH: Month Feb day 19 year 1944 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 15 1944 to Jan 20 1944 that I last saw her alive on Jan 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration yr

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife J J Clayton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 18 1860

8. AGE: Years 83 Months 7 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Ozark Co mo

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Clayton
13. Birthplace Dade Co N.C.
14. Maiden name Nancy Brackett
15. Birthplace Dade Co. N.C.

16. (a) Informant Mrs Otis Strong

(b) Address Carmichael mo

17. (a) Burial (b) Date thereof Feb 20-44

(c) Place: burial or cremation Howard Ridge

18. (a) Signature of funeral director M R Clure

(b) Address Carmichael mo

19. (a) 2-24-44 (b) Margaret Hutchison

Due to _____

Due to _____

Other conditions _____

Major findings: Of operations _____

Of autopsy _____

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? _____

(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 A Beach (M. D. or other) _____

Address Ellis, mo Date signed 2-20

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6;

District File Number 344-346

Date Filed MAR 16 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 _____

L. J. Hall

Licensed Embalmer No. _____

2784

P. O. Address _____

Winesville, N.C.

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.