

FILED JUL 27 1944
Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 554

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Ozark Outpatient Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright
(c) City or town Hartsville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile southeast of
Hartsville (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE CALVIN CLAXTON

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

4. Sex Male 5. Color or race W. Brn 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Belle Claxton 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 8 - 9 - 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 26 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henderson Claxton

13. Birthplace Wright, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Harmon

15. Birthplace Wright, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Belle Claxton

(b) Address Hartsville MO.

17. (a) Burial (b) Date thereof 7-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dubin Cem

18. (a) Signature of funeral director Gene E. Gardner

(b) Address Hartsville MO.

19. (a) 7-8-44 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1944 hour 7:15 minute a. M.

21. I hereby certify that I attended the deceased from June 27,
44 July 5, 1944 to July 5, 1944
that I last saw him alive on July 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis Duration _____

Due to Carcinoma of sigmoid

Due to H&E

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Colostomy performed PHYSICIAN _____
Of operations Carcinoma of sigmoid
Of autopsy _____
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 William D. Stapp M.D. or other _____

Address Springfield, Mo Date signed 7-5-44

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

59
00

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 Gene E. Holden.....

Licensed Embalmer No. 3865.....

P. O. Address Hartsville, 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.