V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF LAB. CENSUS
FILED AUG 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25557

Registration District No. 314 Primary Registration District No. 6063 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Lowry City Mo Rural
(If outside city or town limits, write "RURAL" and name ...)

(c) Name of hospital or institution: Jackson Twp
(If not in hospital or institution, write street number ...)

(d) Length of stay: In hospital or institution ...

In this community 1
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93

City or town Lowry City Mo Rural
(If outside city or town limits, write "RURAL")

Street No. 8 or 9 Mile East
(If rural, give location)

... of foreign country? ... (Yes or No)

... name country 0

3. (a) PRINT FULL NAME John Thomas ...

3. (b) If veteran, ... Security name war ...

4. Sex Male 0

5. Color or race White

6. (a) ... owed, married, ... Married

6. (b) Name of ~~husband~~ or wife Lydia Jane Bishop

6. (c) ... and or wife if alive ...

7. Birth date of deceased Aug (Month) 14 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	11	28	... hr. ... min.

9. Birthplace Carlile Nichols Co Ken. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John Thomas Clay
13. Birthplace Carlile Nichols Co Ken. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name (Not Given) Green
15. Birthplace Carlile Nichols Co Ken. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Thomas Clay
(b) Address Lowry City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Lowry City Cemetery

18. (a) Signature of funeral director H. C. Austin
(b) Address Lowry City Mo.

19. (a) 7-18-44 (Date received local registrar) (b) F. B. Goodrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DA... DEATH: Month July day 18th
1944 hour 11 AM minute ... M.

21. I h... ...tify that I attended the deceased from ...13- 1943, to 7-18, 1944;
that ... w h... alive on 7-18, 1944;
... death occurred on the date and hour stated above.

...ate cause of death	Duration
Chronic Myocarditis	1-3 yrs

Due to ...

Due to ...

93d

Other conditions ...
(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? ... (Specify type of place)
While at work? ... (e) Means of injury ...

23. Signature T. H. Douglas, Jr. (M. D. or other) M. D.
Address Osceola, Mo. Date signed 7-18-44

11 CW

(Licensed Embalmer's Statement on Reverse Side)

RECEI
District ... lth Officer No. 7,
District ... Number 7-44-949
8-9-44

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, ~~or by~~ .....

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

~~working under my personal supervision~~.

Signed: H. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City 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.