S. No. 2
M—1-4-41
v. 5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34220

FILED NOV 6 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 865

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
O'Reilly General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital - 9 days (Specify whether
In this community nine (9) days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 7

(d) Street No. 7212 Eunice Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME RAYMOND L CLODFELTER

3. (b) If veteran, name war World War II

3. (c) Social Security No. 499-12-4179

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dolores A Clodfelter

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased October (Month) 24 (Day) 1921 (Year)

8. AGE: Years 23 Months 0 Days 7 If less than one day hr. — min.

9. Birthplace Essex (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Light truck driver

11. Industry or business

FATHER
12. Name Marvin Clodfelter
13. Birthplace Essex (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Gertrude Priest
15. Birthplace Greencastle (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Dolores Annette Clodfelter
(b) Address 7212 Eunice Ave, St Louis County, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2 Nov 44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director HH LOHMEYER
(b) Address 458 E Walnut, Springfield, Mo

19. (a) 11-1-44 (Date received local registrar) (b) E W G Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st year 1944 hour 9:15 AM minute M.

21. I hereby certify that I attended the deceased from October 23, 1944, to October 31, 1944; that I last saw him alive on October 31, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	2 min
Due to Medullary herniation	5 min
Due to Internal hydrodephalus due to brain wounds suffered in action	4+ mos
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

196

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) Battle casualty
(b) Date of occurrence 14 June 1944
(c) Where did injury occur? In France (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On battlefield (Specify type of place)
While at work? Yes (e) Means of injury Shell fire

23. Signature Samuel C Little (M. D. or other) MD
Samuel C Little, Capt, MC
Address O'Reilly GH, Springfield, Mo Date signed 31 Oct 1944

(Licensed Embalmer's Statement on Reverse Side)

A report submitted to the Bureau of the Census.

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. Dora Lee Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.