

**FEB JUL 12 1945**

Registration District No. **297**

Primary Registration District No. **3057**

Registrar's No. **38**

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

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 \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Oliver Irving Clay**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **486-09-4243**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ethel Clay**  
6. (c) Age of husband or wife if alive **43** years  
7. Birth date of deceased **Jan. 15 1901**  
(Month) (Day) (Year)

8. AGE: Years **44** Months **5** Days **9**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Richmond Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal Mining**

11. Industry or business

12. Name **Alexander Clay**  
13. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Zue Irene Moore**  
15. Birthplace **Kansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Oliver Irving Clay**  
(b) Address **Richmond, Mo.**  
17. (a) **Burial** (b) Date thereof **June 26 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burial or cremation **Richmond, Mo.**

18. (a) Signature of funeral director **J. Thurman**  
(b) Address **Richmond, Mo.**  
19. (a) **June 27 1945** (b) **Mrs. Shas W. Sheppard**  
(Date received local registrar) (Registrar's signature)

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. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**  
year **1945** hour **11** minute **30** A. M.

21. I hereby certify that I attended the deceased from **June 2 1945** to **June 24 1945**  
that I last saw him alive on **June 22 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute dilatation of heart**  
Duration **22 da.**

Due to **myocardial insufficiency**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93**  
Of autopsy **32**  
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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **J. W. Goures** (M. D. or N. D.)  
Address **Richmond, Mo.** Date signed **6-27-45**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

7/11/45

DEC 20 1958

APR 9 1945

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 \_\_\_\_\_

*E. M. ...*

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.