

Registration District No. 77 Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Jefferson City Mo
(Outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 518 E. High St!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway 14

(c) City or town Jefferson 0
(If outside city or town limits, write "RURAL")

(d) Street No. None 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Edward R. Clay

3. (b) If veteran, name war _____ 3. (c) Social Security No. X

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Eliza Clay Dec. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 22, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Va. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER { 12. Name Ann Clay 1

13. Birthplace Va. 1
(City, town, or county) (State or foreign country)

14. Maiden name Luzie Clardy

15. Birthplace Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Harmon Clay
(b) Address 518 E. High 4-19

17. (a) Burial (b) Date thereof 4-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Fork

18. (a) Signature of funeral director Ray Holt
(b) Address New Bloomfield Mo.

19. (a) 4-18-46 (b) R. P. Davis MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18
year 1946 hour 11 AM minute _____ M.

21. I hereby certify that I attended the deceased from 4-17 1946 to 4-18 1946
(that I last saw her alive on... after 12-1-46)

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Vessel

Due to depression

Senility

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy 920

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 Edw. M. ... (M. D. or other) _____
Address Jefferson City Mo Date signed 4-19-46

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

11305

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-25-46

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.

Not Embalmed

Signed Ray A. Holt

Licensed Embalmer No. 2603

P. O. Address Chen Bloomfield

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.