S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 29 1946

State File No. 23390

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 72

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital and Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution 6 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Cainsville
(If outside city or town limits, write "RURAL")
(d) Street No. No number
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Elesis Estella Claytor
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Edward Claytor
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased August (Month) 28 (Day) 1862 (Year)

8. AGE: Years 83 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Harrison County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business none
MOTHER FATHER
12. Name John T. Price
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Ann Miller
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mable Tucker
(b) Address Cainsville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam, Bethany, Mo.
18. (a) Signature of funeral director M B Kane
(b) Address Bethany, Mo.
19. (a) 6-18-46 (Date received local registrar) (b) Zola Burns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from June 7, 1946, to June 14, 1946 that I last saw him on alive on June 14, 1946; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Due to
Due to
Other conditions Senility
(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) Accident
(b) Date of occurrence June 7, 1946
(c) Where did injury occur? Cainsville (City or town) Harrison (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? yes (e) Means of injury Fall
23. Signature W. F. Broyles (M. D. or other)
Address Bethany, Mo. Date signed 6/19/46

116 (Licensed Embalmer's Statement on Reverse Side)

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 Melvin B Kaas

Licensed Embalmer No. 3899.

P. O. Address Bethany, 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.