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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36708

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 918

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural--N. Campbell Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: U.S. Highway # 65 North 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 34

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1101 E. Commercial 6
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Samuel C. Clawson

3. (b) If veteran, name war No

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Oma Clawson

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

7. Birth date of deceased Sept. (Month) 23 (Day) 1914 (Year)

8. AGE: 32 Years | Months 1 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Willow Springs (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Brakeman

11. Industry or business Frisco R.R.

FATHER
12. Name Charles Clawson
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name May Gary
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Oma Clawson

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/46 (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 11-20-46 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1946 hour 1 minute 45a. M.

21. I hereby certify that I attended the deceased from No physician 19 in attendance 19 ; that I last saw h..... alive on ..... 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock & hemorrhage	
Due to Fracture of skull	
Due to 0	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 17 OC-8	
Of autopsy # 28	

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 39

(b) Date of occurrence Nov 16, 1946

(c) Where did injury occur? (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. #65 (Specify type of place)

While at work? No (e) Means of injury Automobile

23. Signature Jimmy C Stone Coroner (M. D. or other) 2

Address Springfield, Mo Date signed 11-16-46

111 (Licensed Embalmer's Statement on Reverse Side) Raw off Roadway

DEC 12 1946

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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

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.