

FILED MAR 28 1948
Registration District No. 298

Primary Registration District No. 4330

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Mississippi
 (b) City or town East Prairie, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life _____
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
 (c) City or town East Prairie, Mo. 112
 (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 _____

3. (a) PRINT FULL NAME MARY THELMA CLAYTON
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
 year 1947 hour 9:10 minute _____ A. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 7. (b) Name of husband or wife Henry Clayton Clayton (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Oct. 7 1887
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from about Apr. 1946 to Feb 25 1947
 that I last saw her alive on Feb 25 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
 Duration _____

8. AGE: Years 49 Months 2 Days 18 If less than one day _____ hr. _____ min.
 9. Birthplace East Prairie, Missouri
 (City, town or county) (State or foreign country)
 10. Usual occupation School Teacher

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: H&B
 Of operations _____
 Of autopsy _____

MOTHER FATHER

11. Industry or business _____
 12. Name Benton L. Bugubill
 13. Birthplace Benton Co., Tenn.
 (City, town or county) (State or foreign country)
 14. Maiden name Clara Bangfield
 15. Birthplace Metropolis, Illinois
 (City, town or county) (State or foreign country)
 16. (a) Informant Henry Clayton Clayton
 (b) Address East Prairie, Mo. 1
 17. (a) Burial (b) Date thereof 2-27-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation W.O.W. East Prairie
 18. (a) Signature of funeral director Travis Shelby
 (b) Address East Prairie Mo 1
 19. (a) 3-7-47 (b) Bertrande H. Harper
 (Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.
Carcinoma of Uterus

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?
 (Specify type of place)
 While at work? _____ (e) Means of injury 0
 23. Signature Beow Whitaker (M. D. or other)
 Address East Prairie Mo Date signed 3/6/47

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

Dr. Whitaker

RECEIVED

District Health Office No. 2.

District File Number, 347-422

Date Filed, 3-26-47

1947

1947

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.