

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JUL 26 1947
Registration District No. **1003**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution..... Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 12 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Benton Clawson

3. (b) If veteran, name war..... None

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive..... 47 years

7. Birth date of deceased..... March 13 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>3</u>	<u>29</u>	hr. min.

9. Birthplace Chautauqua Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Cattleman

11. Industry or business Cattle Industry

MOTHER FATHER

12. Name..... Benton Clawson

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

14. Maiden name..... Mary Moser

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

16. (a) Informant..... George B. Clawson, Jr.

(b) Address..... Coffeyville, Illinois

17. (a) Removal (b) Date thereof..... 7/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sedan, Kansas

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Blvd.

19. (a) 1947 15 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Kansas (b) County..... Chautauqua 999

(c) City or town..... Chautauqua
(If outside city or town limits, write "RURAL")

(d) Street No. NR (If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No) 2

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1947 hour 16 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 1 1947 to July 12 1947
 that I last saw him alive on July 12 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Bronchiogenic carcinoma Duration 6 mo

Due to..... AMC

Due to.....

Other conditions Atelectasis, left upper lobe of lung
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy..... As above

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. F. Bredbeck (M. D. or other) 0

Address..... Barnes Hospital Date signed 7/12/47

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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

Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.