

FILED SEP 12 1947
Registration District No. **827**

Primary Registration District No. **3017**

Registrar's No. **134**

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Boonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
745 Main St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **29 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**
(c) City or town **Boonville**
(If outside city or town limits, write "RURAL")
(d) Street No. **745 Main St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **CHARLES CLAYTON**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **December 28 - 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	7	17	hr. min.

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Farming**

MOTHER FATHER
12. Name **W.E. Clayton**
13. Birthplace **Maryland**
(City, town, or county) (State or foreign country)
14. Maiden name **Lavina Street**
15. Birthplace **Overton Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Robert Tucker**
(b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **8/16/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calyton Cemetery**

18. (a) Signature of funeral director **STEGNER**
(b) Address **Boonville, Mo.**

19. (a) **8-18-47** (b) **De Cooper**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **14th**
year **1947** hour **2:20** minute **a.** M.

21. I hereby certify that I attended the deceased from **Aug 14**
May 14 1947 to **Aug 14 1947**
that I last saw him alive on **Aug 14 1947**
and that death occurred on the date and hour stated above.
Immediate cause of death **Intestinal Obstruction** Duration **4 days**

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **13.1A**
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).....
(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 **P. L. Evans** (M. D. or other).....
Address **Boonville, Mo.** Date signed **Aug 15 1947**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-11-47

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.....

Fred W. Harris
working under my personal supervision.

Registered Apprentice No. 476

Signed.....

James W. Segner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.