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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1948

Registration District No. 362

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6232

11290

State File No.

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Warren Co.

(b) City or town McKittrick, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community All of his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren 109

(c) City or town McKittrick 0
(If outside city or town limits, write "RURAL")

(d) Street No. R-F.D.H. 6 mile 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles Clayborne

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lizabeth Clayborn,

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 26th (Day) 1875 (Year)

8. AGE: Years 72 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Bridgeport Warren Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

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

MOTHER
14. Maiden name Kittie Payne,
15. Birthplace Bridgeport Warren Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Nettie Ritter
(b) Address McKirrick, Mo. RFD

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof March 11th 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Loutre Island,

18. (a) Signature of funeral director Paul [illegible]
(b) Address Americus, Mo.

19. (a) Mar 11 -48 (Date received local registrar) (b) Mrs Vernelle Waters (Registrar's signature) 1102

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1948 hour 8 minute 15 a M.

21. I hereby certify that I attended the deceased from Jan 1, 1947, to March 8, 1948
that I last saw him alive on March 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

94A

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Howard Workman (M. D. or other)

Address Hermann Mo Date signed 3-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 29 1948

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 D.B.Baker, Registered Apprentice No.

working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.