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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11742

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 132

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether
In this community: 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Madison
(c) City or town: Rural 62
(If outside city or town limits, write "RURAL")
(d) Street No.: 7 m. S.E. of Fredericktown
(If rural, give location)
(e) Citizen of foreign country? -No- (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Amos Clay
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
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: August (Month) 27 (Day) 1875 (Year)
8. AGE: Years 72 Months 7 Days 13 If less than one day hr. min.
9. Birthplace: Madison County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: former - laborer
11. Industry or business:
MOTHER FATHER
12. Name: John Amos Clay - Sr.
13. Birthplace: Bollinger Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Hannah Buxton
15. Birthplace: Bollinger Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: James H. Clay
(b) Address: Cornwall, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Snowdenville Cemetery
18. (a) Signature of funeral director: Webb-Adamson
(b) Address: Fredericktown, Mo.
19. (a) 4-21-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1948 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from April 7, 1948 to April 10, 1948; that I last saw him alive on April 10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis of femoral vein, R. followed by embolis — Duration: 10 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 0
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: R. G. Ritter, M.D. (M. D. or other)
Address: Cape Girardeau, Mo. Date signed: 4-16-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 448-53

Date Filed 4-26-48

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 Edward G. Lehrmann, Jr., Registered Apprentice No. 81, working under my personal supervision.

Signed T. Polyean Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.