

FILED AUG 6 1948

Registration District No. 126Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Billy Joe Clanton3. (b) If veteran, name war --- 3. (c) Social Security No. ---4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased June 29 1934
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
14 22
hr. _____ min.9. Birthplace: Missouri
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business _____

12. Name Joe Clanton13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Ruth White15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Joe Clanton(b) Address Rocky Comfort, Mo.17. (a) Burial (b) Date thereof 7/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hazelgreen Cem.18. (a) Signature of funeral director Wm. Morris Payne(b) Address Wheaton, Mo.19. (a) 7-26-48 (b) Robert Campion
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo Donald
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rocky Comfort, Mo. R#
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 10 minute 45 A. M.21. I hereby certify that I attended the deceased from 11
7-20- 1948, to 7-21- 1948.that I last saw him alive on 7-21- 1948
and that death occurred on the date and hour stated above.Immediate cause of death POLIOMYELITIS (SPINAL-BULBAR TYPE)
Duration 4 DAYS

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 36

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) No(b) Date of occurrence No(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? No (Specify type of place) (e) Means of injury No23. Signature Wm. Morris Payne (M. D. or other) MDAddress Wheaton, Mo. Bldg. 120 Date signed 7-26-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wm Morris Payne*

Licensed Embalmer No. *34434*

P. O. Address *Wheaton, Md*

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.