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37741

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 22 1948

Registration District No. 287

Primary Registration District No. 6044

Registrar's No. 2352

1. PLACE OF DEATH:

(a) County Ripley Pine Township
(b) City or town Bardley
(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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91
(c) City or town Bardley 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Lee Clayton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Martin Clayton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 14, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 24 hr. _____ min.

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

10. Usual occupation House keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Denning 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Eivory Burnham
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Clayton
(b) Address Harviell, Mo.

17. (a) burial (b) Date thereof Nov. 11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gatewood
(a) Signature of funeral director Gish Funeral Home

(b) Address Naylor, Mo.

19. (a) 11-11-48 (b) E. O. Johnston
(Date received local registrar) (Registrar's signature) 377

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 8
year 1948 hour 1 minute P. M.

21. I hereby certify that I attended the deceased Nov 11 - 6 - 1948
_____ 19____ to _____ 19____
that I last saw her alive on 11 - 6 - 1948
and that death occurred on the date and hour stated above

Immediate cause of death Apoplexy of Brain, Rupture of blood vessel in brain
Due to Ruptured blood vessel in brain
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations g30
Of autopsy _____

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? _____ (c) Means of injury 0
23. Signature J. Edw. Adamson (M. D. or other) _____
Address Doniphan, Mo. Date signed 11-11-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED 11-16-48
District Health Officer No. 5,
District File Number 1148717
District File Number 11-18-48
Date Filed

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.....

Carlos Taylor....., Registered Apprentice No. 20
working under my personal supervision.

Signed Suzanne Mc Cord.....

Licensed Embalmer No. 4979.....

P. O. Address Taylor, 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.