

JUL 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21359
Do not use this space.

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. 399
 (b) Township JAW Primary Registration District No. 1002 Registered No. 2627
 (c) City KANSAS CITY (d) Street No. 7340 CLEVELAND St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SUSAN CLAYTON
 (a) Residence, No. 7340-CLEVELAND St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 2-1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>4</u>	<u>8</u>	<u>27</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CHILD
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER
 13. NAME JOHN R CLAYTON
 14. BIRTHPLACE (CITY OR TOWN) POPLAR BLUFF (STATE OR COUNTRY) MISSOURI

MOTHER
 15. MAIDEN NAME SUSAN THRESHER
 16. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) MR. JOHN R CLAYTON
7340-CLEVELAND

18. BURIAL, CREMATION, OR REMOVAL
 PLACE FOREST HILL DATE JULY-1 1939

19. FUNERAL DIRECTOR (NAME) D W NEWCOMER'S SON
 (ADDRESS) 1401-BRUSH CREEK BLVD
6/30 1939 M. M. Grome
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 29 1939

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1939, to June 29, 1939
 I last saw him alive on June 29, 1939. Death is said to have occurred on the date stated above, at 6:25 P m.
 The principal cause of death and related causes of importance were as follows:
Central Nervous System
Brain Injury
Spastic paralysis 8/20
 Other contributory causes of importance:
Hypertensive disease June 25

Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Edmund Henry Johnson, M. D.
 (Address) 1324 Professional Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16405

Very Hall
Friday P.M.

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..... *E M. Calhoun*.....
Licensed Embalmer No..... *3506*.....
P. O. Address..... *K C Ho*.....

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, above space should be left blank.