DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18397

Registration District No. JUN 13 1940 316

Primary Registration District No. 2001

Registrar's No. 414

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1125 S. National
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community six years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits write "RURAL")

(d) Street No. 813 E. Lombard
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years

8. (a) PRINT FULL NAME Odin G. Clay 40

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 January 25 1856 (Month) (Day) (Year)

8. AGE: Years ✓ 84 | Months 3 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

10. Usual occupation retired

11. Industry or business unknown

FATHER
12. Name Dewitt C. Clay
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Elizabeth Mabel Lee
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. Annie C. Meriwether
(b) Address Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 4 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 5-4-40 (Date received local registrar) (b) W.L. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1940 hour 12 minute 15 p. M.

21. I hereby certify that I attended the deceased from 1938 ....., 19..., to 5/3/40, 19...; that I last saw him alive on 5/3/40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-pneumonia	2 da
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations --
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 J. B. Lemmon (M. D. or other) M.D.
Address Springfield, Mo. Date signed 5/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamilton

Licensed Embalmer No. 3308

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X