S. No. 2
-11-10-39
5-17-39
P 11 X 21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25354

AUG 23 1940

Registration District No. 400 Primary Registration District No. 5553/B Registrar's No. 329

8

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue - R. Prairie (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether In this community 15 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Little Blue - R. Prairie (If outside city or town limits, write "RURAL")

(d) Street No. Jackson County Home (If rural, give location)

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

3. (a) PRINT FULL NAME William Clay 400

3. (b) If veteran, name war None (c) Social Security No. Family Lost Kindles

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased April (Month) 19 (Day) 1880 (Year)

8. AGE: Years 60 Months 2 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Garment Cutter.

11. Industry or business

FATHER
12. Name William Clay 4
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Janet Archibald
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs J. C. Maloney
(b) Address Kansas City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof St Joseph Mo (Year)
(c) Place: burial or cremation Mount Moore 7-29-40

18. (a) Signature of funeral director George Chanson
(b) Address Independence Mo

19. (a) 6-27-40 (Date received local registrar) (b) Sara G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1940 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 22, 1940, to June 27, 1940, that I last saw him alive on June 27, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Recent Ruptured Appendix	6 days
Recent Appendectomy	5 days

Major findings:
Of operations Ruptured Appendix
Of autopsy Coronary Sclerosis Localized Peritonitis

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 Frank C. Treharne, M.D. (M.D. or other)
Address Jackson Co. Hospital Little Blue, Mo. Date signed 6-27-40

(Licensed Embalmer's Statement on Reverse Side)

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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 Raymond N Martin, Registered Apprentice No. _____ working under my personal supervision.

Signed Raymond N Martin

Licensed Embalmer No. 4150

P. O. Address Independence 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.