

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

26120

State File No. \_\_\_\_\_

Registration District No. 750

Primary Registration District No. 5994

Registrar's No. 1689

1. PLACE OF DEATH:  
 (a) County Ripley  
 (b) City or town Ponder  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Rural  
 (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  
 (c) City or town Ponder  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location) Rural  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME EDLEY CLAYTON  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July, day 11  
 year 1940, hour 7, minute 30 P. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Flora Travis  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept. 8, 1909  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

8. AGE: Years 30 Months 10 Days 3  
 If less than one day ✓ hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Sun shot wound of chest  
 Due to \_\_\_\_\_

9. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country) Mo.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation farmer & W.P.A. worker  
 11. Industry or business \_\_\_\_\_  
 12. Name Martin Clayton  
 13. Birthplace Illinois  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Denning  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Ms. Martha Clayton  
 (b) Address Ponder mo.  
 17. (a) Burial (b) Date thereof 7-12-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Gatewood Mo.  
 18. (a) Signature of funeral director L. Jordan  
 (b) Address Denning  
 19. (a) 7-12-1940 (b) C. B. Whinston  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Suicide  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur Pony Co: Ponder mo.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
6 Home  
 (Specify type of place) (e) Means of injury \_\_\_\_\_  
 While at work? \_\_\_\_\_  
 23. Signature Clifford Jofant (M. D. or other)!  
 Address Denning mo. Date signed \_\_\_\_\_

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.

**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.....

..... *John H. Holt* ....., Registered Apprentice No. *260*  
working under my personal supervision.

Signed..... *J. E. Jordan* .....

Licensed Embalmer No. *3200*

P. O. Address..... *Daniphan, 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, above space should be left blank.**