

FILED OCT 12 1940

S. No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31508

State File No. _____

Registration District No. 89

Primary Registration District No. 5131-3007 Registrar's No. 288

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff Mo.
(If outside city or town limits, give "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Mr Jeff Clay

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Gladys 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 30 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER, FATHER { 12. Name Priscilla Clay, Sam

13. Birthplace Wayne Co. (City, town, or county) (State or foreign country)

14. Maiden name Priscilla Rego

15. Birthplace Wayne Co. (City, town or county) (State or foreign country)

16. (a) Informant William Coder
(b) Address Piedmont, Mo.

17. (a) Removal (b) Date thereof 9-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director William Coder
(b) Address Piedmont, Mo.

19. (a) 9/30/40 (b) Okutinsinger
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler
(c) City or town Piedmont
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22
year 1940 hour 9 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 9-21 1940, to 9-22 1940
that I last saw him alive on 9-22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Yugoslavia ruptured appendix Peritonitis

Due to _____
Due to _____

Other conditions: (include pregnancy within 3 months of death)

Major findings: Ruptured appendix
Of operations _____
Of autopsy _____

Duration _____
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? _____

8 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. F. Brockerson (M. D. or other) _____
Address Poplar Bluff Mo. Date signed 9-25-40

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.....

Coder Funeral Home, Registered Apprentice No.
working under my personal supervision.

Signed *William Coder*

Licensed Embalmer No. *3723*

P. O. Address *Richmont, 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.