No. 2
1-10-39
1-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11210

State File No.

Registration District No. 470 Primary Registration District No. 5640 Registrar's No. 34

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town ~~Mt. Vernon~~ Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Turnback J.S.
(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 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lawrence
(c) City or town Mt. Vernon Rural
(If outside city or town limits, write "RURAL")
(d) ~~Street No.~~ Turnback J.S.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John W. Clayton
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 Married
6. (b) Name of husband or wife Martha Ellen
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Feb (Month) 22 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
83		12	hr. min.

9. Birthplace (City, town, or county) Texas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Pleasant Clayton
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Polly Cantrell
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Mrs Martha Clayton
(b) Address Mt Vernon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Pritchard Cemetery
18. (a) Signature of funeral director H. D. Fossett
(b) Address Mt Vernon Mo
19. (a) 3-8-1941 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1941 hour 3 minute P M.
21. I hereby certify that I attended the deceased from Jan 17 1941, to Mar 6 1941; that I last saw him alive on Mar 6 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Bronchial)	10 days
Due to	
Due to	
Other conditions Influenza (Include pregnancy within 3 months of death)	7 weeks
Major findings: Of operations	
Of autopsy no	

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 P. A. Holmes (M. D. or other)
Address Mt Vernon Mo Date signed 3-7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 441-541
Date Filed APR 5 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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