

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

DEPARTMENT OF COMMERCE **FILED JUN 13 1941** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. **18621**

Registration District No. **605** Primary Registration District No. **3872** Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County Permisat  
(b) City or town Braggadocio  
(c) Name of hospital or institution: 1 Virginia  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Gilbert Clayton  
8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Sarah Clayton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 30 - 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace 1 Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation aged farmer

**MOTHER FATHER**  
11. Industry or business \_\_\_\_\_  
12. Name Starling Clayton  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Ann # atley  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
16. (a) Informant Mamma Skilton  
(b) Address 5216 S. Main St. - 2

17. (a) Burial (b) Date thereof 5-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cypress

18. (a) Signature of funeral director Chapman Burns  
(b) Address # 4011 S. Main St. - 2  
19. (a) -10-4 (b) 10 Chapman  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County Permisat  
(c) City or town Braggadocio  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles south 1/2 W -  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month May day 12  
year 1941 hour 12:5 minute a-m.  
21. I hereby certify that I attended the deceased from 5-7  
1941 to 5-12, 1941  
that I last saw him alive on 5-7-41, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Bright disease by  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 12/18

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?  
587 (Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Chapman (M. D. or other) \_\_\_\_\_  
Address State Mo Date signed \_\_\_\_\_

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

6-41-15

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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.....  
....., 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 with the above constitutes grounds for revocation of license.)**

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