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4-41
7-39

Registration District No. 73 Primary Registration District No. 517 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural, Boone Co.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Columbia - Route 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
years, months or days 15 years (Specify whether)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Cedar Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LAWRENCE WADELL CLAY

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1941 hour Unk minute Unk M.

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.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bessie Jones

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

7. Birth date of deceased: July 27 1907
(Month) (Day) (Year)

Immediate cause of death Accidental

Due to Tractor overturning, pinning limb against tree

Due to Tractor rolled over steep bank.

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

33 11 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Webster Lee Clay

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

14. Maiden name Theodosia Hill

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline (the cause to which death should be charged statistically).

16. (a) Informant Mrs Bessie Jones

(b) Address Columbia, Mo. Route 4

17. (a) Burial (b) Date thereof 7-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Tenn.

18. (a) Signature of funeral director Starkie

(b) Address Columbia, Mo

19. (a) _____ (b) _____
(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) accident

(b) Date of occurrence July 18 - 19 1941

(c) Where did injury occur? South Columbia Boone Co. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
74 on farm at home
(Specify type of place)

While at work? Yes (e) Means of injury Carroll

23. Signature Main Madson (M.D. or other) Carroll

Address Columbia, Mo Date signed 7/20/41

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

200

JUL 23 1941

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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, by

....., Registered Apprentice No.
working under my personal supervision.

Signed

Charles E. ...
Licensed Embalmer No. 41132
P. O. Address Columbia, Pa.

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, fact should be so stated above.

JUL 27 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21122

Registration District No. 73

Primary Registration District No. 3112

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 Lawrence Madell Clay

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

4. Sex M 5. Color or race W

6. (b) Name of husband or wife _____ 6. (a) Single, widowed, married, divorced _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 11 21 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 8/9/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature Marion Mc Adams (M.D. or other) _____
Address Columbia Date signed _____

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

SUPPLEMENTARY

1957-1958