

FILED DEC 10 1941

Registration District No. 0

Primary Registration District No. 5131

State File No.

Registrar's No. 458

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural - Agee district
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Clayton
3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William H. Clayton
6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased Dec 3 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 11 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Jonas Weaver

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

14. Maiden name Susan Walker

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

16. (a) Informant J. F. Dee

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 11-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Three Springs Cemetery

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 12-1-41 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

(c) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. Agee District (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1841 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1 1941 to Nov 25 1941
that I last saw her alive on Nov 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to Autumn influenza

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(City or town) (County) (State)

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

23. Signature John Kinne (M. D. or other)

Address Poplar Bluff, Mo. Date signed 11-28-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2

District File Number 1241-162

Date Filed 12/5/41

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

Wallace H. Fitch

Licensed Embalmer No.

3859

P. O. Address

Poplar Bluff 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, fact should be so stated above.