

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 145

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett

(c) Name of hospital or institution:
718 - E. Washington 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Home years, months or days

3. (a) PRINT FULL NAME Jerry Paul Clayton

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced D-O

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

7. Birth date of deceased July - 28 - 1942
(Month) (Day) (Year)

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

1 10 - hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Charlie Clayton

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

14. Maiden name Hell Weaver

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

16. (a) Informant Bill Clayton

(b) Address Kennett, MO

17. (a) Burial (b) Date thereof 9-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salmon

(b) Address Kennett, MO

19. (a) 9-12-1942 (b) Julia Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Kennett

(d) Street No. 718 - E. Washington
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 4
42 to Sept 6 1942
that I last saw him alive on Sept 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis

Duration _____

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 J. P. Rigdon (M. D. or other) _____
Address Kennett Date signed 9-11-1942

RECEIVED

District Health Office No. 2.

District File Number 1042-1235

Date Filed 10-5-42

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.

Body not embalmed

Signed, *[Signature]*

Licensed Embalmer No.

P. O. Address Kennedy, MD

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.