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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

11289

State File No.

FILED APR 7 1943

Registration District No. 1943

Primary Registration District No. 6075

Registrar's No. 241

**1. PLACE OF DEATH:**

(a) County St. Francois

(b) City or town Rural (St Francois Township)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Francois 94

(c) City or town Farmington (Rural) 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM R CLAYBORNE

3. (b) If veteran, name war World War I

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 Beatrice Clayborne

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Aug. (Month) 14 (Day) 1888 (Year)

8. AGE: Years 54 Months 6 Days 25 If less than one day hr. min.

9. Birthplace East Bonne Terre (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Clayborne
13. Birthplace Wiff County (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Decia Cunningham
15. Birthplace St. Francois Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Beatrice Clayborne
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Marvin Chapel, Bonne Terre, Mo.

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo.

19. (a) 3-11-1943 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 9 year 43 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 3-9, 1943, to 3-9, 1943
that I last saw alive on 3-9-43, 19
and that death occurred on the date and hour stated above

Immediate cause of death Incised wound on left side of neck 3 in long 4 tendons

Due to down in to skull at base of brain

Due to Hemorrhage & Shock

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

175 f-4

3

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

(a) Accident, suicide, or homicide (specify) accident 094

(b) Date of occurrence 3-9-43

(c) Where did injury occur? Farmington (City or town) St Francois (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm, Cutting wood
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. Applebury (M. D. or other)

Address Farmington Mo Date signed 3-10-43

1198

(Licensed Embalmer's Statement on Reverse Side)

I was called 3/4/43 at about 3 pm to see Mr Claiborne; I found him in a pasture a short distance from the road — his head and face covered with blood. I examined and find a wound just below left ear 3 in long and 1 1/2 to 2 in deep severing ear and cutting the skull over the petrous part of temporal bone, some extended in to the brain. Blood was flowing from the wound — I packed same tightly — preparing to take him to a hospital. By the time an ambulance arrived he had expired from loss of blood & shock.

R. O. Applebury M.D.

P.S. A young man was cutting wood; this man was standing about 10 ft away — when the ax slipped out of his hand and struck Mr Claiborne on the side of head & neck. Purely accidental

RECEIVED
District Health Officer No. 4
District File Number 443-19
Date Filed 4-5-

**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 Berl J. Miller

Licensed Embalmer No. 3753

P. O. Address Farmington, 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.**