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5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Pennett

(b) City or town Paris, Thurgessville
(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. 1 (Specify whether)

In this community 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edgar Clay

3. (b) If veteran, name war _____

3. (c) Social Security No. 98-16-6534

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife Myrtle Clay

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Oct 2 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>			hr. min.

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

10. Usual occupation Operator

11. Industry or business _____

12. Name Walter Clay

13. Birthplace Went Knaw Ky
(City, town, or county) (State or foreign country)

14. Maiden name Anna West

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

16. (a) Informant Harrison Clay

(b) Address Kennett Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Kennett Mo

18. (a) Signature of funeral director Frank Wood Co

(b) Address Kennett Mo

19. (a) 10-8-1943 (Date received local registrar)

(b) Jesse N. Marney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pennett 078

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

(d) Street No. 307 Patton Ave
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1943 hour 1:00 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 7, 1943, to Oct 8, 1943 that I last saw him alive on Oct 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hyper-tension

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN [Signature]

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)

Means of injury _____

23. Signature L. W. Phipp (M. D.)

Address Paris, Thurgessville Date signed 10/8/43

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

78
1
2

10-43-296

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 Walter G. Hammers
Licensed Embalmer No. 2002
P. O. Address Hennett me

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.