U. S. No. 2
100M—2-43
Rev. 5-17-39
No. I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1944

Registration District No. 250

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5850

State File No. 25321

Registrar's No. 75

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Washington Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 miles East of Guilford Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 43-6-0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74 0
(c) City or town Rural Washington Twp 5
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles East of Guilford Missouri
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country ✓ U

3. (a) PRINT FULL NAME Elizabeth Ann Clayton
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race wht
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank L. Clayton
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 7 (Month) 25 (Day) 1867 (Year)

8. AGE: Years 77 Months 11 Days 19 If less than one day hr. ✓ min.

9. Birthplace Nodaway County (City, town, or county) U (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓
FATHER
12. Name William Thompson
13. Birthplace Buchanan Co Missouri (City, town, or county) U (State or foreign country)
MOTHER
14. Maiden name Mary Jane Summers
15. Birthplace ✓ Kansas (City, town, or county) (State or foreign country)
16. (a) Informant Leon J Clayton
(b) Address Guilford Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7.16.44 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery
18. (a) Signature of funeral director J. Evan Johnson
(b) Address Stanberry Mo.
19. (a) 7.15 (Date received local registrar) (b) 44 E D Barnet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1944 hour 6-53 minute A. M.
21. I hereby certify that I attended the deceased from MAY 15, 1944, to JULY 14, 1944, that I last saw her alive on JULY 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARDIO VASCULAR RENAL DISEASE	5 YRS
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1/2 A

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. L. Landfather (M. D. or other) DO
Address Maryville Mo. Date signed 7-15-44

1293

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

J. Evan Johnson, Registered Apprentice No. ✓,

working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanberry, 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.