

No. 2
5-43
5-17-39
I X36671

FILED JAN 6 1945
Registration District No. 17

Primary Registration District No. 5076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural Richland Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
T.M. S.E. Lamar, 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 17 yrs / _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barton
(c) City or town Lamar
(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 X D

3. (a) PRINT FULL NAME OSCAR CLAYPOOL

3. (b) If veteran, name war no 3. (c) Social Security No. 491-14-2946

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased May 20 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 12 hr. min.

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

10. Usual occupation Retired

11. Industry or business laborer

12. Name William R. Claypool

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Lauer

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

16. (a) Informant John W. Claypool

(b) Address Lamar R. 2. W. Mo.

17. (a) Burial (b) Date thereof 1 5 '45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakeview - Lamar Mo.

18. (c) Signature of funeral director Wilson Funeral Home

(b) Address 1201 Selway Lamar, Mo.

19. (a) Jan 4 (b) Mrs. John Dave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day Second
year 1945 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from November 10
1944 to January 2 19 45
that I last saw him alive on Dec. 31 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack
Chronic myocarditis

Due to old age Duration 6 weeks
93%

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

Major findings: Of operations

Of autopsy

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 J. Guldert (M. D. _____)
Address 1405 Guel Lamar, Mo. Date signed 1-2-45

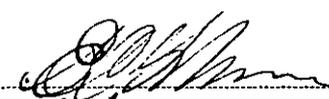
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....


Licensed Embalmer No. 427

P. O. Address. 1201 Edw. Lamar, 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.