

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18118**

FILED MAR 19 1947

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **188**

1. PLACE OF DEATH:

(a) County **Marion**
(b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
917 Mark Twain Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ROY EARL CLAWSON**

3. (b) If veteran, name war: No. 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 **DULCIA** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **April 28 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 **9** hr. min.

9. Birthplace **Stoutsville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**
11. Industry or business **Independent Independence Service Co**

MOTHER FATHER
12. Name **Rudolph Clawson**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **LOUISE FARRIS**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. R. E. Clawson**
(b) Address **Hannibal, Mo**

17. (a) **BURIAL** (b) Date thereof **May 9-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Stoutsville Cemetery**

18. (a) Signature of funeral director **W. J. S. O'Neil**
(b) Address **Moore City, Mo**

19. (a) **5-12-47** (b) **S. E. M. Lucke**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**
(c) City or town **Hannibal**
(If outside city or town limits, write "RURAL")
(d) Street No. **917 Mark Twain Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7th**
year **1947** hour **11** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **7 May 1947** to **7 May 1947**
that I last saw him alive on **7 May 1947**
and that death occurred on the date and hour stated above

Immediate cause of death **Coronary occlusion**
Duration

Due to

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **QUP**
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Meriel J. Collier** (M. D. or other) **M.D.**
Address **112 S. Main Hannibal** Date signed **10 May 1947**

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

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Leah L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City; 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.