No. 2
—8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24718

Registration District No. 178 Primary Registration District No. 5660 Registrar's No. 69

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town Rural Dickerson twp
(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 (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 56
(a) State Missouri (b) County Lewis
(c) City or town Rural Dickerson twp
(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

3. (a) PRINT FULL NAME Virgil Clay
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Black
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Georgia Majors
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 7 (Day) 1898 (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	9	7	hr. min.

9. Birthplace Marion County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Charles O. Clay
13. Birthplace Marion Co. (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Fannie Anderson
15. Birthplace Marion Co. (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. Georgia Clay
(b) Address Monticello, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, '47 (Month) (Day) (Year)
(c) Place: burial or cremation Monticello, Mo.
18. (a) Signature of funeral director Carl H. Barkley
(b) Address Canton, Mo.
19. (a) 7/26/47 (Date received local registrar) (b) P. W. Jennings MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1947 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 15, 1947 to July 14, 1947
that I last saw him alive on July 14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	
Due to Intestinal Tuberculosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations BC	
Of autopsy	

PHYSICIAN
Underline the cause to which deaths 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 Elsa D. Crawford (M. D. or other) D.O.
Address Lewistown, Mo. Date signed 7-16-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-47-912
Date Filed JUL 30 1947

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. Earl H. Barkley

Licensed Embalmer No. 2615

P. O. Address. Canton, 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.