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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40910

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1541

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Mo. Methodist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 324½ No. 6th 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Grace Claybrook

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 2 (Day) 1882 (Year)

8. AGE: Years 65 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

MOTHER FATHER

12. Name S. T. Claybrook

13. Birthplace Moniteau County (City, town, or county) Missouri (State or foreign country)

14. Maiden name Maggie White

15. Birthplace Moniteau County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Emma Marquis

(b) Address St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/27/47 (Month) (Day) (Year)

(c) Place: burial or cremation Bevier, Mo.

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 1-2-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1947 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 15, 1947 to Dec 26, 1947 that I last saw h[illegible] alive on Dec 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Liver & Generalized Abdominal Metastasis. — Duration

Due to Known duration about 3 mon.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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 Robert H. Conrad (M. D. or other) MD

Address St. Joseph, Mo. Date signed Dec 27, '47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1948

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 James B. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3198 10th, St. Joseph, 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.