

FILED APR 26 1948

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **430**

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:  
**409 1/2 So 12th St. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **30 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan** //  
(c) City or town **St. Joseph** /  
(If outside city or town limits, write "RURAL")  
(d) Street No. **409 1/2 So. 12th St.** 70  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT **SMITH CLAYTON**  
FULL NAME  
3. (b) If veteran,  name war \_\_\_\_\_  
3. (c) Social Security **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **10th**  
year **1948** hour **7:45** minute **A** M.

4. Sex **Male** 5. Color or race **White**  
6. (a) ~~Single, widowed, married~~ **divorced Widower**  
6. (b) Name of husband or wife **Belle Chaney Clayton**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **December 24 1864**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr 9 1948** to **Apr 9 1948**  
that I last saw him alive on **Apr 9 1948**  
and that death occurred on the date and hour stated above.

8. AGE	Years	Months	Days	If less than one day
<b>83</b>	<b>3</b>	<b>16</b>		hr. min.

Immediate cause of death **Carcinoma of colon** Duration **3 mo.**  
Due to **Carcinoma of colon** 24p-  
Due to \_\_\_\_\_

9. Birthplace **Kentucky** /  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation **Farming**  
11. Industry or business \_\_\_\_\_  
12. Name **William Henry Clayton**  
13. Birthplace **Kentucky** /  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown Chaney**  
15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

Major findings: **55K**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Ora Burton**  
(b) Address **409 1/2 So. 12th St.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 12, 48**  
(City, town, or county) (Month) (Day) (Year)  
(c) Place: burial or cremation **Milton Mo. Cemetery**

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? \_\_\_\_\_

18. (a) Signature of funeral director **E. R. Sidenfaden**  
(b) Address **602 So. 10th Street**  
19. (a) **4-19-48** (Date received local registrar) (b) **G. L. Jenkins** (Registrar's signature) **297**

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature **E. R. Sidenfaden** (M. D. or other) **0**  
Address **620 N. 10th St.** Date signed **4/10/48**

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.....

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

Signed *Mollie E. Sidenfaden Fox*

Licensed Embalmer No. *4235*

P. O. Address *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.**