

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartville Rural Hart Twp.
(c) Name of hospital or institution: At home of Fred Coffman
1/2 mile south of Hartville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright 114
(c) City or town Hartville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile south of Hartville
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS FRANKLIN CLAXTON

(b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Florence Claxton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6 8 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 16 hr. min.

9. Birthplace Wright County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henderson Claxton

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

14. Maiden name Nancy Martin

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

16. (a) Informant M. P. Claxton

(b) Address Mt. Grove Mo.

17. (a) Burial (b) Date thereof 3 25 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Durbin Cem.

18. (a) Signature of funeral director Gene C. Holden

(b) Address Hartsville Mo

19. (a) 4-22-48 (b) E. Garner
(Date received local registrar) (Registrar's signature) 346

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24
year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb 3
1948 to Mar 24 1948
that I last saw him alive on Feb 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of Face by

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

Major findings: Of operations 53
Of autopsy _____

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) (c) Means of injury _____

23. Signature J. R. Watt (M. D. or other) _____
Address Hartville Mo Date signed 4/12/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

400

114
0
0
0

RECEIVED

District Health Officer No. 6,

District File Number 448-541

Date Filed APR 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.....

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

Signed Gene E. Haldron

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.