U. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

39
2
6
Green County

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15978

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 413

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly VA Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 DAYS (Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Hartville (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Luther A. Claxton

3. (b) If veteran, name war World War I

3. (c) Social Security No. 518-16-6352

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife - - -

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

7. Birth date of deceased February 9, 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	3	9	hr. min.

9. Birthplace Hartville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Conductor

11. Industry or business

FATHER
12. Name Henry Claxton
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Pool
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant VA Records
(b) Address Spfd, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mansfield, Mo.

18. (a) Signature of funeral director Gormany-Scharff Fhm
(b) Address Springfield, Mo.

19. (a) 5-19-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 19, 1948, to May 17, 1948, that I last saw him alive on May 17, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure secondary to coronary Sclerosis. Myocardial infarct	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94
Of autopsy Same As Above

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

23. Signature Paul L. Eisele (M. D. or other)
Address O'REILLY VA HOSPITAL Date signed 5-18-48

(Licensed Embalmer's Statement on Reverse Side)

JUL 21 1940

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 Harry Ayre, Registered Apprentice No. 479, working under my personal supervision.

Signed [signature] Hoolin Form

Licensed Embalmer No. 3177

P. O. Address Springfield 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.