No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17226

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 151

1. PLACE OF DEATH:
(a) County RANDOLPH
(b) City or town MOBERLY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WABASH EMPLOYES' HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County RANDOLPH
(c) City or town MOBERLY
(If outside city or town limits, write "RURAL")
(d) Street No. 701 TAYLOR
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ISAAC WILLIAM CLAXTON
3. (b) If veteran, name war World War I
3. (c) Social Security No. 702-05-3887
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT (Month) 1 (Day) 1890 (Year)

8. AGE: Years 57 Months 8 Days 29 If less than one day hr. min.

9. Birthplace NOBLE COUNTY INDIANA
(City, town, or county) (State or foreign country)
10. Usual occupation LOCOMOTIVE ENGINEER
11. Industry or business WABASH RAILROAD
FATHER
12. Name William Claxton
13. Birthplace Ind
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jennie Miller
15. Birthplace Ohio
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Grace Claxton
(b) Address Moberly Mo
17. (a) Burial (b) Date thereof 6-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Malian and Son
(b) Address Moberly Mo
19. (a) June 2-48 (b) Leah Ebelhaus Louie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 30
year 1948 hour 9 minute 36 A M.
21. I hereby certify that I attended the deceased from JANUARY 4 1948, to MAY 29, 1948
that I last saw him alive on MAY 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
BRONCHOGENIC CARCINOMA	10 months
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings: Of operations BRONCHOGENIC CARCINOMA
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? Means of injury
23. Signature [signature] (M. D. or other) MD
Address Moberly Mo Date signed June 1 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 8 1948

JUN 10 1948

RECEIVED
District Health Officer No. 10
District File Number 6-48-1011
Date Filed JUN 8 - 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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly - 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.