FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 22

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21837

Primary Registration District No. 6093

Registrar's No. 144

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marshall Township
1½ miles north of Marshall, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2908 Charlotte 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: Allison Riggins Claycomb
3. (b) If veteran, name war: World war II.
3. (c) Social Security No.: 500-20-0126
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Louise Claycomb
6. (c) Age of husband or wife if alive: 20 years
7. Birth date of deceased: April (Month) 12th, (Day) 1926 (Year)

8. AGE: Years	Months	Days	If less than one day
22	2	22	..... hr. ..... min.

9. Birthplace: Marshall, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Clerk in office
11. Industry or business: Jacobeson Flying School
MOTHER FATHER
12. Name: Allison Claycomb
13. Birthplace: Saline County, Missouri (City, town, or county) (State or foreign country) 0
14. Maiden name: Junita Cochran
15. Birthplace: Saline County, Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant: Mrs Allison Claycomb
(b) Address: 2908 Charlotte, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 6, 1948. (Month) (Day) (Year)
(c) Place: burial or cremation: Ridge Park cemetery
18. (a) Signature of funeral director: Campbell-Dines
(b) Address: Marshall, Mo.
19. (a) July 6-1948 (Date received by local registrar) (b) Sidney S. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1948 hour 8 minute 15 p. m.
21. I hereby certify that I attended the deceased from ..... investigated the cause of death 7-4-1948 that I last saw it ..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidental Plane Crash -	
Due to:	
Due to: Un Known	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No -	

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): Accident
(b) Date of occurrence: July 4, 1948
(c) Where did injury occur? ..... (City or town) Saline Co. (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1½ Mile North of Marshall (Specify type of place)
While at work? ..... (e) Means of injury: Plane Crash
23. Signature: C. L. Lawlis Coroner Saline Co. (M. D. or other)
Address: Marshall Mo. - 3 Date signed: 7-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-14-48

SEP 1 1948

JUL 28 1948

MAY 29 1952

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.