

FILED DEC 7 1945
Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **Missouri Methodist Hospital**
(d) Length of stay: In hospital or institution **6 hrs.**
In this community **6 hrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gentry**
(c) City or town **Albany**
(d) Street No. **None**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Margaret Ellen Clayton**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Edgar M. Clayton** 6. (c) Age of husband or wife **62** years
7. Birth date of deceased **Aug 7 1884**

8. AGE:	Years	Months	Days	If less than one day
	61	3	22	hr. min.

9. Birthplace **Harrison Missouri**

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John W. Bender**

13. Birthplace **Indiana**

14. Maiden name **Margaret Elizabeth Fug**

15. Birthplace **Indiana**

16. (a) Informant **Edgar M. Clayton**

(b) Address **Albany, Mo**

17. (a) **Removal** (b) Date thereof **11-29-45**

(c) Place: burial or cremation **New Hampton, Mo.**

18. (a) Signature of funeral director **W. C. Noble & Son**

(b) Address **New Hampton, Mo**

19. (a) **Dec. 5, 1945** (b) **St. Joseph, Mo**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **29**
year **1945** hour **4** minute **P.M.**
21. I hereby certify that I attended the deceased from **11-29-45**
to **11-29-45**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Central hemorrhage**
Due to **Hypertension**

Duration **24 hrs**
Due to _____
Other conditions _____

Major findings: Of operations **None**
Of autopsy **None**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature **Paul Jorgensen** (M. D. _____)
Address **St. Joseph, Mo** Date signed **11-30-45**

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

TO Registrar

1728

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 ms

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

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton, 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.