

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23390**

FILED JUL 29 1946
Registration District No. **133**

Primary Registration District No. **3022**

Registrar's No. **72**

1. PLACE OF DEATH:
Harrison
(a) County
(b) City or town **Bethany**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethany Hospital and Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6** (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri **Harrison** **41**
(a) State (b) County
(c) City or town **Cainsville**
(If outside city or town limits, write "RURAL")
(d) Street No. **No number** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Elesis Estella Claytor**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **14**
year **1946** hour _____ minute _____ M.

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **John Edward Claytor**
6. (c) Age of husband or wife if alive **Dec** years
7. Birth date of deceased **August 28 1862**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 7**, 19**46**, to **June 14**, 19**46**, that I last saw him **alive** on **June 14**, 19**46**, and that death occurred on the date and hour stated above.

8. AGE: Years **83** Months **9** Days **16** If less than one day _____ hr. _____ min.

Immediate cause of death _____
Due to _____
Due to _____

9. Birthplace **Harrison County, Missouri**
(City, town, or county) (State or foreign country)

Other conditions **Smility**
(Include pregnancy, within 3 months of death)

10. Usual occupation **Housewife**

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business **none**

12. Name **John T. Price**

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

14. Maiden name **Rebecca Ann Miller**

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

16. (a) Informant **Mable Tucker**
(b) Address **Cainsville, Missouri**

17. (a) **Burial** (b) Date thereof **6-17-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany, Mo.**
18. (a) Signature of funeral director **W. H. Brayles**
(b) Address **Bethany, Mo.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **June 7, 1946**
(c) Where did injury occur? **Cainsville, Harrison Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? **yes** (c) Means of injury **Fall**

23. Signature **W. H. Brayles** (M. D. or other)
Address **Bethany, Mo.** Date signed **6/17/46**

19. (a) **6-18-46** (b) **Gala Burns**
(Date received local registrar) (Registrar's signature)

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

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

Melvin B. Haas
Melvin B. Haas

Licensed Embalmer No.

3899

P. O. Address

Bethany, 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.