

FILED APR 7 1943  
Registration District No. 500

Primary Registration District No. 6075

Registrar's No. 241

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Rural St. Francois County  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Farmington (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM R. CLAYBORNE

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

3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Beatrice Clayborne

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Aug. 14 1888  
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 25

If less than one day hr. .... min.

9. Birthplace East Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name William Clayborne

13. Birthplace Woff County Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Pecia Cunningham

15. Birthplace St. Francois Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Clayborne

(b) Address Farmington, Mo

17. (a) Burial (b) Date thereof March 12, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morning Chapel, Bonne Terre, Mo.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo

19. (a) 3-11-1943 (b) Byrdie Burkmeister  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9  
year 43 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 3-9-43 to 3-9-43

that I last saw alive on 3-9-43 and that death occurred on the date and hour stated above

Immediate cause of death suicidal wound on left side of neck 3 in long by 1/2 inch deep

Due to down in to skull on base of brain

Due to hemorrhage & shock

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 175K-4

Of autopsy 3

Duration

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) accidental 094

(b) Date of occurrence 3-9-43

(c) Where did injury occur? Farmington St. Francois Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On Farm, Cutting wood  
(Specify type of place) (Means of injury)

23. Signature R. G. G. G. (M. D. or other)

Address Farmington, Mo Date signed 3-10-43

I received the body from the man (name) who was about 10 ft away - when the of (name) was found and about the location on the back of head & neck. (name) & (name)

RECEIVED  
 District Health Officer No. 4  
 District File Number 443-19  
 Date Filed 4-5-

I was called 3/9/43 at about 3 pm to examine the body. The body was found in a position of other persons from the head. The head and feet were set on a in a stomach and had a wound just below set on a in body and 1 1/2 to 2 in. I did not carry out and examine the body over the (name) from 7 to 8 pm. Board was (name) some at (name) in to the front. Board was (name) from the ground - I found some (name) by the (name) to take him to a (name) by the (name) on (name) around the head & feet from

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 Carl J. Miller  
 Licensed Embalmer No. 3752  
 P. O. Address Farmington, 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.