

RECD JAN 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44850
Do not use this space.

1. PLACE OF DEATH

(a) County Webster 2 Registration District No. 896
(b) Township High Prairie 1 Primary Registration District No. 6200 Registered No. 40
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 413 Sarah Elizabeth Clift St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Clift

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1849
7. AGE YEARS 89 MONTHS 4 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee /

FATHER 13. NAME A. J. Dean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee /

MOTHER 15. MAIDEN NAME ? Eddington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown /

17. INFORMANT (ADDRESS) George Clift
Marshfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Oak DATE Dec. 20, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rex Rainey
Marshfield, Mo.

20. FILED Jan 3, 1939 Elizabeth Highley
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938 to Dec 18, 1938
I last saw him alive on Dec 18, 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Right Lobe
Pneumonia
Date of onset _____
Other contributory causes of importance: 10/6

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. F. Behrman, M. D.

(Address) Monroe Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.