

FILED OCT 18 1940

STANDARD CERTIFICATE OF DEATH

State File No. 32877

Registration District No. 686

Primary Registration District No. 5914

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Rural Indian M.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Cumyall
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether
 In this community 2
years, months or days)

3. (a) PRINT FULL NAME George A. Clifton

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carie Clifton 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Mar-24-1894
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 20 If less than one day hr. _____ min. _____

9. Birthplace MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming 1

11. Industry or business _____

12. Name Burdett Clifton

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

14. Maiden name Hollister

15. Birthplace Spencer Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Clifton

(b) Address Cumyall Mo

17. (a) _____ (b) Date thereof Sept 6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spencer Mo

18. (a) Signature of funeral director W. H. Waters

(b) Address Wardlaw Mo

19. (a) Sept 6 1940 (b) Gene E. Hendrix
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike
 (c) City or town Rural Spencer
(If outside city or town limits, write "RURAL")
 (d) Street No. R.T.D. Cumyall
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
 year 1940 hour 1-PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 1938, to Sept 4, 1940
 and that death occurred on the date and hour stated above.
 that I last saw her alive on Sept 2, 1940

Immediate cause of death Uremia
 Due to Chronic Pyelitis and Chronic Int. Nephritis
 Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 3

621
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Gene E. Hendrix (M. D. or other) MO
 Address Burdett Green Mo Date signed 8/15/40

Duration

10 days
Several
yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 10-40-1848

Date Filed OCT 8 1940

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 W B Waters

Licensed Embalmer No. 3335

P. O. Address Washington

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 32877

Registration District No. 683

Primary Registration District No. 8914

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Indian Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Geo. A. Clifton

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

15. Birthplace Spencerburg (Missouri) (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Sept 6 1940 (b) Steen E. Hendrick (Date received local registry) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month Sept day 4 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? (City or town) (County) (State)

(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 J. M. Matthews (M. D. or other) _____
Bowling Green Address _____ Date Recd. _____

SUPPLEMENTAL

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

