

Registration District No. 156

Primary Registration District No. 5219

Registrar's No. 6

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

1. PLACE OF DEATH

(a) County Cass
(b) City or town Rural - Grand River Twp.
(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 2 (Specify whether
In this community 2 years, months or days)

3. (a) PRINT FULL NAME Charles Howard Clifton
8. (b) If veteran, name war no 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 Emily Ryan Clifton 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased April 16 - 1906
(Month) (Day) (Year)

8. AGE: Years 34 Months 9 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Dairy

MOTHER FATHER { 12. Name William F. Clifton
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sola M. Smith
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Howard Clifton
(b) Address Harrisonville Mo.

17. (a) Rural (b) Date thereof Jan 29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wells Cemetery

18. (a) Signature of funeral director HUNNENBURGER'S
(b) Address HARRISONVILLE, MO.

19. (a) 1/29/41 (b) [Signature]
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Grand River Twp. 2 mi East
(If rural, give location) Harrisonville
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1941 hour 7-9 minute _____ M. _____

21. I hereby certify that I attended the deceased from Jan 21
_____, 1941, to Jan 27, 1941;
that I last saw him alive on Jan 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis
Duration _____

Due to: _____
Due to: _____

Other conditions Rectal Endocarditis
(Include prognosis within 3 months of death)

Major findings: Influenza
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?
Yes
While at work? _____ (Specify type of place) (e) Means of injury d.

28. Signature [Signature] (M. D. or other) D.O.
Address 104 W. Pearl Date signed 1/29/41

MAY 13 1946

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 Ernest R. Runnburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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