

FILLED NOV 12 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 280

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years
In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLARENCE TINFORD JR

8. (b) If veteran, name war C 8. (c) Social Security No. 2-77-18-0847

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased 2-9-1918
(Month) (Day) (Year)

8. AGE: Years 23 Months 8 Days - If less than one day hr. min.

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

10. Usual occupation waiter

11. Industry or business Cafeteria

12. Name Clarence Tinford

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

14. Maiden name Thelma Grant

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

16. (a) Informant Clarence Tinford

(b) Address Columbia Missouri

17. (a) Burial (b) Date thereof 10-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Frank O. Parker

(b) Address Columbia Missouri

19. (a) 10/11/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 109 N. 4th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 1941 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from July 14 1941, to Oct 9 1941;
that I last saw him alive on 8-13-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 136

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 0

23. Signature Dr. Moore (M. D. or other) MD

Address 301 N. 5th Columbia, Mo signed 10-11-41

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

MOTHER FATHER

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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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, above space should be left blank.