

1. PLACE OF DEATH: ANDRAIN
 (a) County: VANDALIA
 (b) City or town: VANDALIA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 115 W. ORALSH BLVD
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 3 1/2 mos (Specify whether years, months or days)
 In this community: 3 1/2 mos

3. (a) PRINT FULLNAME: MARY VIEONA CLIFTON

3. (b) If veteran, name war: AAA CASE No. 217

4. Sex: FEMALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: GEORGE CLIFTON 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: APRIL 28 1963
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace: PIKE COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: _____

MOTHER FATHER { 12. Name: THOMAS JEFFERSON SPENCER

13. Birthplace: DENVOT KNOW MO
 (City, town, or county) (State or foreign country)

14. Maiden name: ELIZABETH ARTHUR

15. Birthplace: DENVOT KNOW MO
 (City, town, or county) (State or foreign country)

16. (a) Informant: SARAH M JEFFERIES

(b) Address: VANDALIA MISSOURI

17. (c) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC 16 1941
 (Month) (Day) (Year)

(c) Place: burial or cremation: KILBY

18. (e) Signature of funeral director: W. S. Waters

(b) Address: Vandalia Mo

19. (a) 12/15/41 (Date received local registrar) (b) R. L. Johnson MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: MISSOURI (b) County: PIKE 82
 (c) City or town: RURAL-SPENCERTWNS
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 7 mi East of VANDALIA
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC, day 14th, year 1941, hour 4:00 minute 17 M.

21. I hereby certify that I attended the deceased from June 25, 1941, to December 17, 1941;
 that I last saw her alive on December 13, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis
Diffuse Interstitial Nephritis 4 yrs

Due to: _____

Due to: _____

Other conditions: Hypertension (arterial)
 (Include pregnancy within 3 months of death)

Major findings:
 . Of operations: 13/a
 Of autopsy: _____

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): _____

(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: 2

23. Signature: Dr. R. P. Marshall (M. D. or other) DO

Address: Vandalia Mo. Date signed: Dec 15

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

2
1

RECEIVED

District Health Officer No. 10

District File Number 1-43-121

Date Filed JAN 15 1942

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 Geo. B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.