3. 2
1-1-41
5-17-39
I X28390

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

AUG 3 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1942

Registration District No. 8 6 2

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25527

Primary Registration District No. 6143

Registrar's No. 89

1. PLACE OF DEATH:

(a) County: Texas
(b) City or town: Rural Cass 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 years, months or days)
In this community: 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Texas
(c) City or town: Rural Cass Twp
(If outside city or town limits, write "RURAL")
(d) Street No.: Near Tyrone Mo
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Stead Cliff.
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M. 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Martha.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 2 (Day) 1856 (Year)
8. AGE: Years 85 Months 11 Days 14 If less than one day hr. min.
9. Birthplace: Canada. (City, town, or county) (State or foreign country)
10. Usual occupation: Photographer
11. Industry or business:
FATHER 12. Name: Edwin Cliff.
FATHER 13. Birthplace: Canada. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elmira Phillips
MOTHER 15. Birthplace: N. Y. (City, town, or county) (State or foreign country)
16. (a) Informant: Eva Malcolm
(b) Address: Elk Creek Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 17 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Tyrone
18. (a) Signature of funeral director: Gaylord V. Elliott
(b) Address: Cabool Mo.
19. (a) June 16-42 (Date received local registrar) (b) Mrs. Lon Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 7 minute a. M.
21. I hereby certify that I attended the deceased from Jan 2 1942 to June 16 1942 that I last saw him alive on June 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
acute nephritis	2 mo
Due to	
Due to Influenza	1 mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Jm Edens (M. D. or other)
Address: Cabool Mo Date signed June 16 1942

1239 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 742444
Date Filed 7-28-42

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 not embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Iola M. Elliott

Licensed Embalmer No. 2774

P. O. Address Cabool 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.

S. No. 2B
M 8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25527

Registration District No. 865 Primary Registration District No. 6143 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural
(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 10 yrs.
years, months or days)

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) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Stead Cliff

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 W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 2 (Day) 1858 (Year)

8. AGE: Years 85 Months 11 Days 14 If less than one day or min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 16
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute nephritis	2 mo
Due to Influenza	1 mo
Due to Was not a chronic nephritis	
Other conditions Influenza exciting cause (Include pregnancy within 3 months of death)	

Major findings:
Of operations 33 b
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature M Cleus (M. D. or other)
Address Cabool Mo Date signed Sept 5 '43