

S. No. 2
M-542
v. 5-17-39
I X32873

31651

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 6 1942

Registration District No. 373

Primary Registration District No. 4245

Registrar's No. 39

112
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. X
(Specify whether years, months or days)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Marshfield
(If outside city or town limits, write "RURAL")

(d) Street No. X
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. X

3. (a) PRINT FULL NAME Mary Emmer Clifton

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X

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

7. Birth date of deceased June - 13 - 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>3</u>	<u>no</u>	<u>X</u> hr. <u>X</u> min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Monroe Clifton

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

14. Maiden name Jane Bingaman

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

16. (a) Informant Mrs. Henry Lane

(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof Sept 15 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton

18. (a) Signature of funeral director Tex Rainey

(b) Address Marshfield, Mo.

19. (a) 8/21/42 (b) W. Bruce
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1942 hour 5:40 minute p.M.

21. I hereby certify that I attended the deceased from Aug 15 1942 to Sept 13 1942
that I last saw him alive on Sept 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning

Due to Chronic Nephritis & Hypertension

Other conditions General dropsy
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1318

Of autopsy

Duration

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?

(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 MI

23. Signature W. Bruce (M. D. or other) MD

Address Marshfield Mo Date signed 9/14/42

RECEIVED

District Health Officer No. 6,

District File Number 1042-1426

Date Filed OCT 5 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 *Alex. Quincy*
Licensed Embalmer No. 3312
P. O. Address Marshfield, Mass.

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.