

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7816

State File No. \_\_\_\_\_

FILED FEB 19 1943

Registration District No. 333

Primary Registration District No. 3077

Registrar's No. \_\_\_\_\_

2050  
WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Sikeston  
(c) Name of hospital or institution: Sikeston General Hospital  
(d) Length of stay: In hospital or institution 8 days  
In this community 49 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town M<sup>c</sup> Mullin  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME

Olive Ellen Clifford

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20<sup>th</sup>  
year 1943 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 1  
1943 to Jan 20, 1943;  
that I last saw her alive on Jan 20, 1943;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 20 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Willard Edward Smith

13. Birthplace D.K. 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Thompson

15. Birthplace D.K. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. I. Ida Willard

(b) Address Wesenna Ill.

17. (a) Burial (b) Date thereof 1-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Rural

18. (a) Signature of funeral director Welsh Funeral Home

(b) Address Sikeston Missouri

19. (a) 2/1/43 (b) Louis Fargus  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral Hemorrhage  
Due to Arterio Sclerosis  
Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
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 \_\_\_\_\_

23. Signature A. A. McFarley (M. D. or other) \_\_\_\_\_  
Address Sikeston Mo Date signed 1-22-43

1314

RECEIVED

District Health Office No. 2,

District File Number 243-251

Date Filed 2-16-43

MAR 17 1943

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 Raymond Crews  
Licensed Embalmer No. 3467  
P. O. Address Sikeston 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.