

S. No. 2
M-5-42
5-17-39
1 X1274

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22181

State File No.

D JUL 7 1943 279

Registration District No. 279

Primary Registration District No. 5957

Registrar's No.

1. PLACE OF DEATH

(a) County Pike

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

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

(d) Length of stay: In hospital or institution 40 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph R. Clifton

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary Clifton

6. (c) Age of husband or wife if alive yes 1866

7. Birth date of deceased Feb 22 1943
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 12
If less than one day hr. min.

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

10. Usual occupation farming

11. Industry or business

12. Name George Clifton

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

14. Maiden name Mary Kingstun

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

16. (a) Informant Primit Clifton

(b) Address Eolia mo

17. (a) Burial (b) Date thereof June 6 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eolia Baptist Cemetery

18. (a) Signature of funeral director Good, H. W. Co

(b) Address Eolia - mo

19. (a) June 5 1943 B. M. Good
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pike

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

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1943 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from May 31st 1943 to June 4th 1943
and that death occurred on the 4th and hour stated above.

Immediate cause of death arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (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

23. Signature L. P. Gray, M.D. (M. D. or other)

Address Eolia mo Date signed 6/5/43

1275

(Licensed Embalmer's Statement on Reverse Side)

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

200

RECEIVED

District Health Officer No. 10

District File Number 7-43-1145

Date Filed JUL 6 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.....

Licensed Embalmer No.....

P. O. Address.....

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.