. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43373

FILED JAN 12 1944

Registration District No. 12 1944

Primary Registration District No. ~~5917~~ 5953

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution Buffalo Township 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

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

(d) Street No. Rural R.F.D. (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Joe Henry 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 Widowed

6. (b) Name of husband or wife

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

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

8. AGE: Years 85 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Pike Co Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

FATHER
12. Name Wm B Clifton
13. Birthplace Ky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzy Holland
15. Birthplace Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Susie Clifton Norrin

(b) Address Rural Louisiana Mo

17. (a) Bureal (Burial, cremation, or removal) (b) Date thereof Dec 28/43 (Month) (Day) (Year)

(c) Place: burial or cremation Neaxcreek Cem. Pike Co. Mo

18. (a) Signature of funeral director F C Haley Jr

(b) Address Louisiana Mo

19. (a) 12/26/43 (Date received local registrar) (b) F C Haley Jr (Registrar's signature) Dept

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1943 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1942, 19 to Dec 26, 1943 that I last saw him alive on Dec 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to

Due to

Other conditions Old age (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Glenn R. Owen D.O. (M. D. or other)

Address ~~[illegible]~~ Bowling Green Mo. Date signed 12/26/43

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. [illegible]
District File Number 1-44-131
Date Filed JAN 12 1944

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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.