

FILED AUG 9 1944/49
Registration District No.

Primary Registration District No. 1002

Registrar's No. 3092

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph's Hospital 0
(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 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas 38
(If outside city or town limits, write "RURAL")

(d) Street No. 5111 Paseo
(If rural, give location)

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

If yes, name country..... 0

3. (a) PRINT FULL NAME John William Clifford

3. (b) If veteran, name war..... no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1944 hour..... minute..... A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Lucy Clifford

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

7. Birth date of deceased June 23 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 16, 1944 to July 26, 1944
that I last saw him..... alive on.....
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 1 Days 3 If less than one day
..... hr. min.

Immediate cause of death: Myocardial infarction 1942

Due to: Retention urine enlarged prostate 6 months

Due to: Uremia 93 e 1 with

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace North Granby Connecticut
(City, town, or county) (State or foreign country)

10. Usual occupation Cigar Manufacturer

Major findings: Foley Catheter

Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER { 12. Name Dan Clifford

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

14. Maiden name Catherine Connor

15. Birthplace Chicopee Falls Massachusetts
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Miss Helen Clifford

(b) Address 5111 Paseo

17. (a) Burial (b) Date thereof 7-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other).....

Address..... Date signed.....

18. (a) Signature of funeral director [Signature]

(b) Address 3256 Broadway

19. (a) 7-27-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

Rev. J. O. Skinner

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF MISSISSIPPI

John A. ...

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.....

working under my personal supervision.

..... Registered Apprentice No.

Signed *Paul S. Rowe*

..... Licensed Embalmer No. *2347*

..... P. O. Address *Keokuk, 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.