

FILED SEP 6 1944
Registration District No. 144

Primary Registration District No. 4233

47
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. eight years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clifford Lenore

3. (b) If veteran, name war Spanish American World War 1 Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rose Lenore 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 27 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation United States Army

11. Industry or business officer (retired)

12. Name Charles Lenore

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

14. Maiden name unknown 9

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

16. (a) Informant Mrs. Rose Lenore

(b) Address Arcadia Mo.

17. (a) burial (b) Date thereof 8-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address A. J. White Ironton Mo.

19. (a) Aug 20, 1944 (b) Mrs. Francis E. Howard
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
(c) City or town Arcadia 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1944 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from January 1
1944 to August 9, 19 44
that I last saw h. im alive on August 9, 1944, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure 8/9/44
Due to Coronary Heart Disease

Due to Secondary anaemia
Other conditions 1. Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations 940
Of autopsy 940

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) (c) Means of injury no
23. Signature R. E. Harland (M. D. or other) m. 20
Address Ironton, Missouri Date signed 8-21-44

RECEIVED

District Health Officer No. 4

District File Number 944-4251

Date Filed 9-2-44

MAR 4 1946

OCT 10 1951

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 Arnell White

Licensed Embalmer No. 3012

P. O. Address Fronton New

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.