

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

1. PLACE OF DEATH: Ripley

(a) County Ripley

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

(c) Name of hospital or institution: Rural (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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Rural (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 \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES CLOUGH

(b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31. year 1945 hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from Jan 30 to Jan 31, 1945

that I last saw him alive on Jan 30 and that death occurred on the date and hour stated above.

4. Sex Male (5) Color or race white

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

6. (b) Name of husband or wife Mellie 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 7, 1865 (Month) (Day) (Year)

Immediate cause of death Robber pneumonia 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 79 Months 7 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

MOTHER FATHER

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

12. Name William Clough

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

14. Maiden name Elizabeth Hutchinson

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

16. (a) Informant Mellie Clough

(b) Address Danzon Mo.

17. (a) Burial (b) Date thereof 2-2-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Pratt Cem.

18. (a) Signature of funeral director Blacker mortuary

(b) Address Danzon Mo.

19. (a) 3-15-45 (b) E. B. Johnson (Date received local registrar) (Registrar's signature)

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 Clifford Yofunt (M. D. or other) Feb 1945

Address \_\_\_\_\_ Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 H. G. McHabb  
Licensed Embalmer No. 3712  
P. O. Address Fourhollows, N.Y.

**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.**