

FILED FEB 7 1946

Registration District No. 137

Primary Registration District No. 3013

State File No.

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Henry County
(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Netzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 M.S.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Infant (No Name) Fife

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 28 1946
(Month) (Day) (Year)

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

9. Birthplace Clinton, Henry County
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Clarence H. Fife
13. Birthplace Near Lincoln Benton Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Loris Hickory
15. Birthplace Near Shreveport La
(City, town, or county) (State or foreign country)

16. (a) Informant Willis H. Fife

(b) Address Loury City, Missouri

17. (a) Burial (b) Date thereof 1. 29. 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loury City Cemetery

18. (a) Signature of funeral director H. C. Austin

(b) Address Loury City, Missouri

19. (a) 1-31-46 (b) P. B. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry County
(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-29 day 29
year 1946 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from 8:30
1-28, 1946 to 1-29, 1946
that I last saw him alive on 1-28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Premature 6 1/3 mo.
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 P. B. Kenney (M. D. or other)

Address Loury City, Mo. Date signed 1-28-46

Number No. 7,
1-46-41
Date Filed 2-6-46

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.....

Not Embalmed....., 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.