

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5372

State File No. _____

Registration District No. 137

Primary Registration District No. 2023

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Henry Co.
(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 25 Hours
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Infant of Clarence H. 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 1 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Clarence H. Fife
13. Birthplace Near Lincoln Benton Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lois Hickey
15. Birthplace Near Shrewport La
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma L. Fife
(b) Address Clinton City Missouri
17. (a) Burial (b) Date thereof 1/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowry City Cemetery

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

(b) Address Lowry City Mo.

19. (a) 2-7-1946 (b) R. R. Kersney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry Co.
(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? _____ (If yes, name country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1946 hour 10 minute 3 P. M.

21. I hereby certify that I attended the deceased from Jan 28
1946 to Jan 29 1946
that I last saw him alive on Jan 29
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Promebure

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 159
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)
(c) Means of injury 2

23. Signature J. B. Fox (M. D. or other)
Address Lowry City Date signed 1-30-46

RECEIVED

District Health Officer No. 7,

City of Washington 2-46-217

2-11-46

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..... H. C. Austin.....

Licensed Embalmer No. 3609.....

P. O. Address..... Lowry City, 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.