

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1946
Registration District No. 278

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Primary Registration District No. 5953

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

36763

1. PLACE OF DEATH Pike
(a) County _____
(b) City or town Rural, Louisiana, R#1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hickory Grove School Distc.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:
Mo. Pike
(a) State _____ (b) County _____
(c) City or town Rural, Louisiana, R#1
(If outside city or town limits, write "RURAL")
(d) Street No. Hickory Grove School Distc.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SUSIE JANE MARTIN CLIFTON
3. (b) If veteran, no name war _____
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 2
year 1946 hour 3 minute 15p. M.
21. I hereby certify that I attended the deceased from 5/11/1946
to 7/9/1946, 19____, to _____, 19____
that I last saw her alive on 7/9/1946, 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Clifton
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased December 2, 1866
(Month) (Day) (Year)

Immediate cause of death Branche pneumonia Duration 3da
Due to Myocardial Failure 1Wk
Due to Hypertensive Cardio-vascular Disease 4rs
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy 121A

8. AGE: Years 79 Months 11 Days 0 If less than one day _____ hr. _____ min.
9. Birthplace Pike Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Hwf. Home

11. Industry or business _____
12. Name Andrew J. Martin
13. Birthplace ? (State or foreign country) ?
14. Maiden name Nancy Humphrey
15. Birthplace ? (City, town, or county) (State or foreign country) ?

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Reginald Herron
(b) Address R # 1, Louisiana, Mo.
17. (a) Burial (b) Date thereof Nov. 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Noix Creek, Cemetery
18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Mo.
19. (a) 11/4/46 (b) Bernice Collier
(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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work? no (Specify type of place) (e) Means of injury no
23. Signature Chas H Lewellen (M. D. examiner)
Address Louisiana, Missouri Date signed 11-2-46

RECEIVED
District Health Officer No. 10
District File Number 12-46-2271
Date Filed DEC. 1. 0. 1946

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, ~~XXXX~~.....

~~XXXXXXXXXXXXXXXXXX~~

working ~~XXXXXXXXXXXXXXXXXX~~

Signed *George O. Wagner*
Licensed Embalmer No. 373

P. O. Address... Louisiana, 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.