S. No. 2
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WRITE PLAINLY—USE BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1946

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38085

Primary Registration District No. 3060

Registrar's No. 370

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 210 Lang
(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 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. 210 Lang
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLIFFORD HENRY CONDON
3. (b) If veteran, name war
3. (c) Social Security No. 480-10-7979
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Marie Jorgensen
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Jan (Month) 17 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
48	10	9	hr. min.

9. Birthplace Todd County (City, town, or county) Minnesota (State or foreign country)
10. Usual occupation Accountant
11. Industry or business Mo. Natural Gas Co.
FATHER
12. Name Joseph Henry Condon
13. Birthplace Unknown (City, town, or county) Canada (State or foreign country)
MOTHER
14. Maiden name Rose A. Covey
15. Birthplace Unknown (City, town, or county) Minnesota (State or foreign country)
16. (a) Informant Ida Marie Condon
(b) Address Farmington, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/46 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cemetery
18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo.
19. (a) 11-29-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1946 hour 2 minute 10 P M.
21. I hereby certify that I attended the deceased from 11-15-46 to 11-26 1946 and that I last saw him alive on 11-26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 day
Due to Coronary Heart Disease	7 yrs
Due to	
Other conditions Pneumonia, Influenzal (Include pregnancy within 3 months of death)	11 days

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. R. Mulkey (M. D. or other) M.D.
Address Farmington, Mo. Date signed 11-26-46

269 (Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4

Office File Number 1246-292

Date Filed 12-2-46

MAY 20 1953

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 Paul K Dayal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.