S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28782
State File No.

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 282

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 100 South 7th Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois
(c) City or town Desloge, (If outside city or town limits, write "RURAL")
(d) Street No. 100 South 7th Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ellen Clifton
3. (b) If veteran, name war no
3. (c) Social Security No. none
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 years
7. Birth date of deceased March (Month) 28 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	4	20	hr. min.

9. Birthplace Wayne County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation house wife
11. Industry or business
MOTHER FATHER
12. Name Andrew Ward
13. Birthplace (City, town, or county) Virginia (State or foreign country)
14. Maiden name Luthersa Hovis
15. Birthplace (City, town, or county) Illionis (State or foreign country)
16. (a) Informant Porter Clifton
(b) Address 100 S. 7th St. Desloge, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Park View
18. (a) Signature of funeral director C. Z. Boyer & Son
(b) Address Desloge, Mo.
19. (a) 8-21-47 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 12 year 47 hour 5 minute 0 P.M.
21. I hereby certify that I attended the deceased from May 1947, to Aug 12 1947 that I last saw her alive on 8-12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	3 d
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) arteriosclerosis	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature Desloge Mo (M. D. or other)
Address H. O. Keeler Date signed 8-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 847-1140

Date Filed 8-25-47

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 C. F. Sorper.

Licensed Embalmer No. 1671

P. O. Address Delage 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.