No. 2
5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1948
Registration District No. 338

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3686
Primary Registration District No. 6148
Registrar's No.

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Leora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 1/03
(c) City or town Leora 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

3. (a) PRINT FULL NAME Daniel Louis Clodfelter
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced /
6. (b) Name of husband or wife Nellie Clodfelter
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased ~~Feb.~~ May (Month) 13 (Day) 1868 (Year)

8. AGE: Years 79 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Leora (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name George W. Clodfelter
13. Birthplace Cape Co. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis Bloyce
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Asa Clodfelter
(b) Address Bloomfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Leora Cemetary
18. (a) Signature of funeral director Watkins Furniture Co
(b) Address Bloomfield Mo
19. (a) Jan 9 1948 (Date received local registrar) (b) Rose Mcbeth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1948 hour 6 minute 25 A.M.
21. I hereby certify that I attended the deceased from Dec 6 1947 to Jan 6 1948
that I last saw h~~im~~ alive on Jan 6 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	7 days
Due to: Cerebral arteriosclerosis & hypertension	5 years
Due to:	
Other conditions. (Include pregnancy within 3 months of death) 537	

Major findings:
Of operations None performed
Of autopsy None performed

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 H. E. Harris (M. D. or other) MD
Address Bloomfield Mo Date signed 1-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 48-61
Date Filed 1-12-48

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.