

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26204

3170

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2415 Elma
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME Mrs. Katherine Clifford

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 Widow

6. (b) Name of husband or wife Joseph M. Clifford 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased May 18 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 13 hr. min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Foxx

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Francis J. Clifford

(b) Address 2415 Elma - Kansas City, Mo

17. (a) Burial (b) Date thereof 8/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Dwight T. Owen Co

(b) Address 20 West Linwood

19. (a) 8-4-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 Aug day 1
year 48 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 26
1948, to Aug 1 1948;
that I last saw h. ew alive on July 31 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Duration 7 days

Due to Generalized Arteriosclerosis 2-5 yrs.
Thyroid Arteriosclerosis

Due to Diabetes Mellitus 2 years
Cerebral Embolus R. hemiplegia 7 days

Other conditions W. K. popliteal embolus 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations 61

- 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) (e) Means of injury

Signature G. P. Reeves M.D. (M. D. or other)

Address 315 Alameda Rd. Date signed 8-1-48

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

MOTHER FATHER

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 Howard W. Farmer.....

Licensed Embalmer No. 4134.....

P. O. Address Kansas 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.