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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36313

Registration District No. 142 Primary Registration District No. 5336 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Mountain View, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R. Galdiberry No (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 3 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46
(c) City or town Mountain View Mo (If outside city or town limits, write "RURAL") 0
(d) Street No. R. Galdiberry (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frank G. Clift

3. (b) If veteran, name war World War 1 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sylvia Clift 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 15th (Month) (Day) 1892 (Year)

8. AGE: Years 56 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation Ship Yard Work

11. Industry or business

FATHER
12. Name Fred Clift
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Rhoda Pernell
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Sylvia Clift
(b) Address Mountain View, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28th 48 (Month) (Day) (Year)
(c) Place: burial or cremation Mountain View, Mo

18. (a) Signature of funeral director Duncan Funeral Home
(b) Address Mountain View, Mo

19. (a) Dec-1-48 (Date received local registrar) (b) Laura Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 26th year 1948 hour 3 minute 30 a.M.

21. I hereby certify that I attended the deceased from June 1948, 19, to Nov 19, 1948 that I last saw him alive on November 19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic myocarditis with myocardial insufficiency	
Due to Recurrent acute rheumatic	
Due to fever	
Other conditions Diabetes, M (Include pregnancy within 3 months of death)	

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? Means of injury

23. Signature J. M. K. Ingram (M. D. or other) M.D.
Address 1630 N. Jefferson Date signed 11-29-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-6-48
District Health Officer No. 5,
District Number 1248747
Date Filed 12-6-48

JAN 10 1949

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 Joe R Duncan

Licensed Embalmer No. 4325

P. O. Address Mt View 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.