

FILED JAN 13 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 898

Primary Registration District No. 3023

Registrar's No. 3

1. PLACE OF DEATH:

(a) County: HENRY
(b) City or town: CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
401 S. ORCHARD ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NONE (Specify whether
In this community: LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: Henry 42
(c) City or town: Clinton 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 401 S. Orchard St. 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: CLIFFORD A. MARLOW JR.

3. (b) If veteran, name war: NONE 3. (c) Social Security No.: NONE

4. Sex: MALE 5. Color or race: W 6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive:

7. Birth date of deceased: FEB. 17, 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 10 15 hr. min.

9. Birthplace: CLINTON MO.
(City, town, or county) (State or foreign country)

10. Usual occupation: Help grocery store

11. Industry or business:

12. Name: Clifford A. Marlow S.R.

13. Birthplace: Clinton Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Mary M. Williams

15. Birthplace: Clinton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. C. A. Marlow
(b) Address: Clinton Mo.

17. (a) BURIAL (b) Date thereof: 1-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood Cem.

18. (a) Signature of funeral director: H. A. Vaisent
(b) Address: Clinton Mo.

19. (a) 1-5-48 (b) R. R. Kemmerly
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5
year: 1948 hour:

21. I hereby certify that I attended the deceased from 1948 to 1948 and that death occurred on the date and hour stated above.
Dead on Arrival
Duration

Immediate cause of death: above had epilepsy and was found dead in bed. Perimortally he died of coronary occlusion

Due to:

Due to:

Other conditions:

Major findings: gpp
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury: gun
Address: Clinton Mo. Date signed: 1/6/48

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

MOTHER FATHER

RECEIVED

Date Filed 1-12-48

District File Number 12-47-261

District Health Officer No. 7

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 W. A. Vincent

Licensed Embalmer No. 3779

P. O. Address Clinton 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.