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FILED JAN 13 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 343

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Mary Hospital
(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 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Tipton, Mo. R.F.D. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JOHN JOSEPH CLIFFORD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 19 1917
(Month) (Day) (Year)

8. AGE: Years 13 Months 3 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Moniteau Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name John Clifford
13. Birthplace Moniteau Co., Mo. (City, town, or county) (State or foreign country)
14. Maiden name Grace Pardoe
15. Birthplace Moniteau Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Grace Clifford

(b) Address Tipton, Mo., R.F.D. #1

17. (a) Burial (b) Date thereof 12 29 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation hatham mo

18. (a) Signature of funeral director L. W. Wilcox & Son

(b) Address California, Mo.

19. (a) 12/28/40 (b) Dr. B. S. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27th year 1940 hour 9 minute 53 P.M.

21. I hereby certify that I attended the deceased from 8:55 pm Dec. 27, 1940 to 9:53 pm 12-27-40 that I last saw him alive on Dec. 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: gunshot wound of forehead, fracture of skull, laceration of Brain substance (cerebrum)
Duration 14 1/2
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: no operation
Of operations _____
or autopsy laceration of Brain substance

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 12-27-40 4:00 pm
(c) Where did injury occur? moniteau mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in road way on farm near home
While at work? hunting (Specify type of place) (e) Means of injury gun shot
23. Signature M. R. Rambo (M. D. or other) _____
Address Jefferson City, Mo. Date signed 12-28-40

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

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. 2351
working under my personal supervision.

Signed A. E. Wilson

Licensed Embalmer No.

P. O. Address California, 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.