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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1942

Registration District No. 3082

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 6651

Registrar's No. 162

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1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 722 S. Kansas
(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: 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 722 S. Kansas
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

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3. (a) PRINT FULL NAME: Milo M. Clough

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: M.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: July (Month) 13 (Day) 1857 (Year)

8. AGE: Years 84 | Months 7 | Days 15 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Retired Attorney At Law

11. Industry or business:

FATHER
12. Name: T. M. Clough
13. Birthplace: Unknown (City, town, or county) Scotland (State or foreign country)

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

16. (a) Informant: Donald M. Clough
(b) Address: 722 S. Kansas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/1/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood (Cem)

18. (a) Signature of funeral director: Dunn Funeral Home
(b) Address: Springfield, Mo.

19. (a) 3-1-42 (Date received local registrar) (b) F. W. Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1942, to Feb. 28-42, 19..; that I last saw him alive on Jan. 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial insufficency
Due to: Arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 93e
Of autopsy:

Duration

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:

23. Signature: [illegible] (M. D. or other)
Address: Springfield, Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.