. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10993

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2501 New Hampshire
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 049

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2501 New Hampshire 5
(If rural, give location)

(e) Citizen of foreign country? ~~Yes~~ Born at Larned Kansas (Yes or No)

If yes, name country Germany 0

3. (a) PRINT FULL NAME Charles Clifton

3. (b) If veteran, name war ----

3. (c) Social Security No. ----

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Ethel

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 8th 1884
(Month) (Day) (Year)

8. AGE: Years 58 last | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Larned Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business a-------

FATHER
12. Name ----No record
13. Birthplace No record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace 24 a/no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant 2501 New Hampshire
(b) Address Eunice Clifton No

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 -- 21 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.

19. (a) 3-21-42 (Date received local registrar) (b) Gertrude Sudhoelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 20
year 1942 hour 1 30 minute A M.

21. I hereby certify that I attended the deceased from ___ 19__ to ___ 19__
that I last saw h___ alive on ___ 19__
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 94a

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. A. Webster (M. D. or other) Coroner

Address Carthage Mo Date signed Mch 2 42

1207 (Licensed Embalmer's Statement on Reverse Side)

42-3-263

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 Steve D. Parker

Licensed Embalmer No. 2348

P. O. Address Joplin 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.