

S. No. 2
M-5-42
v. 5-17-39
-1 X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14154

State File No.

Registrar's No. 108

Registration District No. 99

Primary Registration District No. 4168

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Maysville
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb
(c) City or town Maysville
(d) Street No.
(e) Citizen of foreign country? yes
If yes, name country England

3. (a) PRINT FULL NAME Ernest Clough

3. (b) If veteran, name war 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 Edith Clough 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan. 19 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 3
If less than one day hr. min.

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

10. Usual occupation Plumber & Tinner

11. Industry or business

MOTHER FATHER { 12. Name John W. Clough
13. Birthplace England
14. Maiden name Unknown
15. Birthplace England

16. (a) Informant Mrs Edith Clough

(b) Address Maysville Mo

17. (a) Burial (b) Date thereof 4-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Maysville

18. (a) Signature of funeral director Pilcher Funeral Home

(b) Address Maysville Mo

19. (a) 4-24-43 (b) [Signature] (c) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1943 hour 7 minute a M.

21. I hereby certify that I attended the deceased from February 19th 43 to April 22 43

that I last saw him alive on April 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction due to cancer of stomach
Duration 3 mo.

Due to Cancer of stomach

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Not made

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?
(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 [Signature] (M.-D. or other) Maysville Mo Date signed 4/24/43

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

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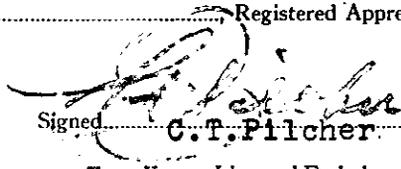
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MAR 18 1948

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



C.F. Pilcher

Licensed Embalmer No..... 3960

P. O. Address Maysville 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.