

No. 2
-2-43
5-17-38
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32585

FILED OCT 13 1943

State File No. 7-184

Registration District No. 324

Primary Registration District No. 372

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 301 E. Mitchell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community All his life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Denny Burton Clift

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 October 23 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>10</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Malta Bend, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business '' ''

MOTHER FATHER {

12. Name Sherman Clift

13. Birthplace Columbus, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Emma F. Rogerd

15. Birthplace Morgan Co., Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma F. Clift

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Sep't. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend, Mo.

18. (a) Signature of funeral director J. Leslie Surrency

(b) Address Marshall, Mo.

19. (a) Sept 2 43 (b) Mo. T.O. Weather
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 097

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

(d) Street No. 301 E. Mitchell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1943 hour 12 minute 2 P.M.

21. I hereby certify that I attended the deceased from Aug 15 1943 to Sept 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Polar Pneumonia Duration 3 days

Due to Cerebral Lesions?

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations 30 f

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(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 _____

Signature Robt. H. ... (M. D. or other)

Address Marshall Mo. Date signed 7-15-43

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

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2

1215-

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-11-43

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 J. Louis Sussung

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.