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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38426

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 96

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: Jane Chinn Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community 43 years

2. USUAL RESIDENCE OF DECEASED: 49 4 0

(a) State: Missouri (b) County: Jasper

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

(d) Street No.: 114 East Daugherty
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: John Perry Clifford

3. (b) If veteran, name war: no data

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: W.

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

6. (b) Name of husband or wife: Dora Clifford

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

7. Birth date of deceased: July (Month) 1, (Day) 1860 (Year)

8. AGE: Years 83 Months 4 Days 21 If less than one day hr. min.

9. Birthplace: Centerville (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation: Mill carpenter

11. Industry or business:

FATHER
12. Name: No data
13. Birthplace: no data (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: no data
15. Birthplace: no data (City, town, or county) (State or foreign country) 9

16. (a) Informant: widow: Dora Clifford
(b) Address: Carterville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Carterville Cemetery

18. (a) Signature of funeral director: [illegible]
(b) Address: Webb City, Missouri

19. (a) Nov. 24 1943 (Date received by registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1943 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1943, to Nov. 22, 1943, that I last saw him alive on Nov. 22, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	
Due to: Prostatitis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 131 f	
Major findings: Of operations:	
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:

(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: [illegible] (M. D. or other) D.O.

Address: Carterville, Mo. Date signed 11/24 43

1180 (Licensed Embalmer's Statement on Reverse Side)

13-11-995

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.....

Licensed Embalmer No. 2859

P. O. Address.....

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.