No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 3294

Registration District No. 167 Primary Registration District No. 5607 Registrar's No. 51

**1. PLACE OF DEATH:**
(a) County Johnson
(b) City or town Rural--Kingsville, Twp., (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days) In this community 84 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Johnson
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Kingsville, Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country xxxx

3. (a) PRINT FULL NAME MARY FRANCES CLIFFORD
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Clifford
6. (c) Age of husband or wife if alive xxx years
7. Birth date of deceased January 20, 1859 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 84 | 11 | 21 | hr. min. |

9. Birthplace Kingsville, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business at home
FATHER 12. Name Peter H. Duncan
13. Birthplace Amherst, Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Julia Stumpff
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mabel Clifford
(b) Address Route #1, Kingsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/44 (Month) (Day) (Year)
(c) Place: burial or cremation Duncan Cemetery
18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.
19. (a) 1-4-44 (Date received local registrar) (b) Kathryn S. Canaday (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 30 year 1943 hour 7:15 minute P. M.
21. I hereby certify that I attended the deceased from May 4, 1939, to Dec 30, 1943; that I last saw her alive on Dec 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to
Due to
Other conditions Gen Arteriosclerosis (Include pregnancy within 3 months of death)
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 Kelly Rawlins (M. D. ~~or other~~)
Address Holden Mo Date signed 1/4/44

1 Cert (Licensed Embalmer's Statement on Reverse Side)

## 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. W. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden 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.**