

FILED JUN 11 1946

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. 106 W. Davis St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James L. Clifford

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 Married
6. (b) Name of husband or wife Lida Witherspoon 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November 23, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 1 If less than one day hr. --- min. ---

9. Birthplace Chillicothe, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

12. Name Isaac Ambrose Clifford
13. Birthplace Kentucky (State or foreign country)
14. Maiden name Kentucky
15. Birthplace Kentucky (State or foreign country)

16. (a) Informant Mrs Lida Clifford
(b) Address 106 W. Davis Fayette, Mo

17. (a) Burial (b) Date thereof 5/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette City Cemetery

18. (a) Signature of funeral director Ralph A. Carr
Fayette, Missouri

(b) Address

19. (a) 5-28-46 (b) Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th
year 1946 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from May 15 1946 to May 24 1946
that I last saw him alive on May 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage with hemiplegia Duration 2 wks
Due to Chronic hypertension 1 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8/30
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?

While at work? (Specify type of place) (e) Means of injury O M.D.

23. Signature Dr. J. Shaw (M. D. or other) M.D.
Address Fayette, Mo. Date signed 5-27-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
15366

RECEIVED
District Health Officer No. _____
District File Number _____
Date Filed 6-70-46

NOV 21 1958

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 Ralph A. Carr
Licensed Embalmer No. 3340
P. O. Address Jayette 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.