

FILED JUN 25 1946

Registration District No. 220

Primary Registration District No. 2795

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Monticau Co.
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monticau
 (c) City or town Rural - 1 mi S of Latham
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT

FULL NAME JOHN 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 Grace Clifford 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 24 1870
 (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Monticau Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Patric Clifford

13. Birthplace Monticau Co. Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Kuning

15. Birthplace Chilard
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Clifford

(b) Address Latham Mo

17. (a) _____ (b) Date thereof 5-19-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Latham Cemetery

18. (a) Signature of funeral director Hugh E. Heston

(b) Address California, Mo.
Mary 46 (M.D. of P. Jarrett)
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
 year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1945
 to May 18 1946
 that I last saw him alive on Dec. 27 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None

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 _____

23. Signature [Signature] (M. D. of Physician) [Signature]

Address California Date signed 5/24/46

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(Licensed Embalmer's Statement on Reverse Side)

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

16318

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..... *Hugh E. Williams*

Licensed Embalmer No..... *3537*

P. O. Address..... *California 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.

J