

No. 2
8-13
4-17-39
X37823

State File No. 30799

FILED OCT 7 1946

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 86

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Hospital & Clinic Inc
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 9 Hrs
(Specify whether
In this community 9 Hrs
years, months or days)

3. (a) PRINT FULL NAME: Charles William Clifton

3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex Male 5. Color or race W 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. Sept 19 1946
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Charles E. Clifton
13. Birthplace Johnson Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Vera Myrl
15. Birthplace Johnson Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Clifton
(b) Address RFD 1 A Warrensburg Mo.

17. (a) Burial (b) Date thereof 9-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director. Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) Sept. 23-1946 (b) Sarannah Chute
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town. rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 A Warrensburg
(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 19
year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 19
1946 to Sept 19 1946
that I last saw him alive on Sept 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia
6 months

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 1

23. Signature [Signature] (M. D. or other) _____

Address Warrensburg Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

..... **Was not Embalmed**, Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Earl Priest

Licensed Embalmer No. **3878**

P. O. Address..... **Warrensburg 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.