No. 2-
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31623

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 140

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carterville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 114 East Daugherty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 37 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carterville 4
(If outside city or town limits, write "RURAL")
(d) Street No. 114 E. Daugherty 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Dora C. Clifford
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John P. Clifford
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan. (Month) 15 (Day) 1860 (Year)

8. AGE: Years 87 Months 7 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace ..... Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name David Cook
13. Birthplace nodata 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name nodata
15. Birthplace nodata 9
(City, town, or county) (State or foreign country)
16. (a) Informant Charles Clifford (son)
(b) Address 114 E. Daugherty Carterville Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Missouri
19. (a) AUG. 29, 1947 (Date received local registrar) (b) [signature] (Registrar's signature) 13 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27
year 1947 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 1942, 19..., to August 8, 1947; that I last saw her alive on August 7, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 2
23. Signature [signature] (M. D. or other) D.O.
Address Carterville, Mo. Date signed 8/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-715

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 Leonard G. Lewis Jr., Registered Apprentice No. 46, working under my personal supervision.

Signed Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.