

No. 2
1/47
17-39

FILED DEC 1 1947
Registration District No. **2**

Primary Registration District No. **1000**

Registrar's No. **1395**

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **No. Methodist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days**
(Specify whether **life**)

In this community **life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **1225 No. 9th Street**
(If outside city or town limits, write "RURAL")

(d) Street No. **St. Joseph**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **no**

3. (a) PRINT FULL NAME **Warren J. Cliff**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mora Cliff**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **April 20 1882**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|-----------|----------|----------|------|----------------------|
| 65 | 7 | 3 | | hr. min. |

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **fireman**

11. Industry or business **City Fire Dept.**

12. Name **Charles Cliff**

13. Birthplace **unknown unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown Peltier**

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

16. (a) Informant **Mrs. Mora Cliff**

(b) Address **1225 No. 9th St.**

17. (a) **burial** (Burial, cremation, or removal)

(b) Date thereof **11/24/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Mora Cemetery**

18. (a) Signature of funeral director **Heaton - Brown**

(b) Address **St. Joseph, Mo**

19. (a) **11-28-47** (Date received local registrar)

(b) **He. L. Jenkins** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov**, day **23rd**, year **1947**, hour **5**, minute **10 A** M.

21. I hereby certify that I attended the deceased from **Nov 17 1947** to **Nov 23 1947**

that I last saw him alive on **Nov 23 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to **Bronchial Asthma**

Due to **Pulmonary I.S.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **13/10**

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? (Specify type of place)

While at work? **no** (e) Means of injury **no**

23. Signature **J. L. Alcorn** (M. D. or other)

Address **St. Joseph, Mo** Date signed **11/24/47**

Duration

?

?

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 _____

Francis Joseph Wayland Jr. Registered Apprentice No. *444*
working under my personal supervision.

Signed *Frank A. Bennett*

Licensed Embalmer No. *1710*

P. O. Address *St. George's M.*

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.