

FILED AUG 19 1948

Registration District No. 273

Primary Registration District No. 5918

Registrar's No. 54

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Crosstown Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 76-4-29 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Drewry Edward Clifton
3. (b) If veteran, name war _____ 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 Julia Clifton 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased March 10 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
12. Name Bartholomew S. Clifton
13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Pinkerton
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Clifton
(b) Address Crosstown Mo.

17. (a) Burial (b) Date thereof 8-12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crosstown Mo.

18. (a) Signature of funeral director Young Sons
(b) Address Perryville Mo.

19. (a) Aug 11 1948 (b) Joseph Zuelma
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Crosstown Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1948 hour 5 minute P M.
21. I hereby certify that I attended the deceased from 1946
_____, 19____ to Aug 9, 1948
that I last saw him alive on 8-3 Aug 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarct
Due to arteriosclerosis
Due to Coronary Artery
Other conditions (Include pregnancy within 3 months of death) _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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)
(c) Means of injury _____
23. Signature Chas Weidman (M. D. or other) PC
Address Perryville Date signed 8/11/48

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

2
-43
7-39-
K35897

RECEIVED

Health Officer No. 4
File Number 848-1048
Date Filed 8-18-48

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 *Quinn B. Young*

Licensed Embalmer No. 2138

P. O. Address *Peayville 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.