MAR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6777
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 3 Registration District No. 400
(b) Township or Prairie 1 Primary Registration District No. 5553B Registered No. 461
(c) City (d) Street No. Jackson County Home St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances R. Clinton

(a) Residence, No. 453 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 22

7. AGE: Years 42 Months — Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Invalid
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County Mo

FATHER
13. NAME: John M. Clinton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unk Mo.

MOTHER
15. MAIDEN NAME: Anna E. Hartzen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. unk Mo.

17. INFORMANT (ADDRESS): Ernest Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE: Farmer Cem Liberty Mo DATE: Feb 21, 1939

19. FUNERAL DIRECTOR (NAME): Mrs C. R. Foster (ADDRESS): 918 Brooklyn K.C. Mo

20. FILED: Feb 20, 1939 William S. Fields, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 19, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1939, to 2-19, 1939
I last saw her alive on 2-17, 1939. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury: ....19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) N. V. Greene, M. D.
(Address) 3 Dr. Independence Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No. .....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.