

FILED SEP 15 1942 384

Registration District No. 4227

Registrar's No. 78

46
1
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Howe
(b) City or town West Plains
(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.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howe
(c) City or town West Plains
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Edward Alvin Clinton

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month July day 21 year 1942 hour 3 minute P M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 9
7. (b) Name of husband or wife Minerva Ann Clinton 6. (c) Age of husband or wife if alive 1577 years
7. Birth date of deceased Aug 9 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19, 1942, to July 21, 1942 that I last saw him alive on July 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Malaria, fever, acute Duration 7 days.

8. AGE: Years 64 Months 11 Days 19 If less than one day hr min.

Due to Malarial infection

9. Birthplace Greenwood Ark (City, town, or county) (State or foreign country)

Due to.....

10. Usual occupation janitor

Other conditions (Include pregnancy within 3 months of death) 200

11. Industry or business.....

Major findings: Of operations.....

12. Name Tip Clinton

Of autopsy.....

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

22. If death was due to external causes, fill in the following:

14. Maiden name.....

(a) Accident, suicide, or homicide (specify).....

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

(b) Date of occurrence.....

16. (a) Informant R. T. Clinton

(c) Where did injury occur?..... (City or town) (County) (State)

(b) Address Edmond, Okla

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

17. (a) Date thereof July 23 (Month) (Day) (Year)

While at work?..... (Specify type of place) (Means of injury)

(c) Place: burial or cremation Collin Co. Ark

23. Signature A. H. Thornburgh (M. D. or other) M. D.

Address West Plains, Missouri Date signed 11/23/42

1125

RECEIVED

District Health Officer No. 5,

District File Number 942867

Date Filed 9-14-42

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

Walter J. Faber

Licensed Embalmer No. 3435

P.O. Address St. Paul, Minn.

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.