

FILED FEB 13 1943

Registration District No. 47

Primary Registration District No. 3005

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution:
Callaway County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 42 Days
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural -- Hatton
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 Mile N. W. Hatton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME LORENA McCLINTIC

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 31 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 14 hr. min.

9. Birthplace Rolls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER
12. Name Benjamin Wood
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Robnett Tincher
15. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wood McClintic
(b) Address Hatton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/43
(Month) (Day) (Year)

(c) Place: burial or cremation Hatton, Mo.

18. (a) Signature of funeral director Geo S Wallace

(b) Address Fulton, Missouri

19. (a) Jan 16-1943 (b) Joseph Morawickhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 15
year 1943 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 18, 1943, to JAN. 15, 1943.
that I last saw her alive on JAN. 15, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 43 Days

Due to Vascular Hypertension

Due to.....
Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature Lloyd E. Hutchins (M. D. or other) D.O.
Address Fulton, Missouri Date signed 1/16/1943

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

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, ~~and~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Edward E. White

Licensed Embalmer No. *4168*

P. O. Address..... *Duxton, Mass.*

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.