

FILED NOV 10 1943 318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pac. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County _____
(c) City or town McGehee
(If outside city or town limits, write "RURAL" _____)
(d) Street No. 305 N. 4th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Lee Comer Clinton
(b) If veteran, World War #1 name war _____
(c) Social Security No. 702-18-5974

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 1
year 1943 hour 2 minute 10 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Blanche I. Pason
(c) Age of husband or wife if alive 38 years
7. Birth date of deceased Jan. 8, 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/7/43 19____ to 11/1/43 19____
that I last saw him alive on 10/31/43 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
48 9 23 _____ hr. _____ min.

Immediate cause of death Carcinomatosis
Due to Carcinoma of Pancreas 7 months

9. Birthplace Gainesboro, Tenn
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Due to _____

10. Usual occupation Boiler maker

Major findings: Carcinoma Pancreas
Of operations + metastases
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Mo. Pac. R. R. Co.
12. Name Morrison P. Clinton
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Josie ?
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche I. Clinton
(b) Address McGehee, Ark.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11/1/43
(Month) (Day) (Year)
(c) Place: burial or cremation McGehee, Ark.

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

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? _____

19. (a) NOV 1 1943 (Date registered) (b) J. F. Boudrick (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature C. C. Grace, Jr. (M. D. certifier)
Address Mo. Pacific Hospital Date signed 11/1/43

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

MOTHER FATHER

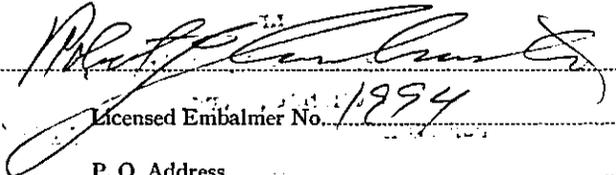
NOV 17 1948

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. 1994

..... P. O. Address.....

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.