

FILED FEB 13 1948

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 8

1. PLACE OF DEATH

(a) County Jefferson

(b) City or town Festus
(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 _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Festus 3
(If outside city or town limits, write "RURAL")

(d) Street No. Cromwell Road 1
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Frank S. Clinton

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-09-9145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th
year 1948 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec. 27, 1947 to Jan. 26, 1948
that I last saw him alive on Jan. 26, 1948
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margie Clinton

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased: Nov 2 1905
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis Duration 1 hour

8. AGE: Years Months Days If less than one day

42 4 2 hr. _____ min.

Due to _____

Due to _____

Other conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Edd Clinton

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

14. Maiden name Emie Stewart

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

Major findings: 61

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Margie Clinton

(b) Address Festus Mo

17. (a) Burial (b) Date thereof 1-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo

18. (a) Signature of funeral director Zink

(b) Address Festus Mo

19. (a) Feb 3 1948 (b) Class Belleville
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature R. D. Howell (M. D. or other) M.D.
Address Crystal City, Mo Date signed 1-31-48

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

RECEIVED
District Health Officer No. 9,
District File Number 2711/48
Date Filed _____

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

Elena Province

Licensed Embalmer No.

3403

P. O. Address

Jessie, 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.