

NEW MAY 20 1938

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

15166
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 4965000
(b) Township Brookfield Primary Registration District No. 3025 Registered No. 31
(c) City (d) Street No.
(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 47 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Earnest Roscoe McClintock 245
(a) Residence, No. 608 Freeman St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie May McClintock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 3 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Coal Miner
10. Date deceased last worked at this occupation (month and year) Apr 19 38
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield

FATHER 13. NAME George McClintock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anna Dawson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs. Lillie McClintock (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cemetery DATE Apr. 19 38

19. FUNERAL DIRECTOR Hills Chapel (ADDRESS) Brookfield

20. FILED May 10 1938 W. J. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 10:30 p m.
The principal cause of death and related causes of importance were as follows:

Shull fracture
Struck by Automobile
Fracture
Other contributory causes of importance: Coroner View 2/10/38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury Apr 16, 1938
Where did injury occur? Linn Co. Highway #11
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway #11
Manner of injury Struck by Automobile
Nature of injury Shull Fracture

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Fracture
(Signed) Coroner of Linn Co, M. D.
(Address) Brookfield

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, J. M. Blacklock, Licensed Embalmer No. 2246

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. M. Blacklock

Licensed Embalmer No. 2246

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18-166
Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 496
 (b) Township Broadfield Primary Registration District No. 3660 Registered No. 31
 (c) City _____ (d) Street No. _____
 (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 Earnest Roscoe McClintock
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>46</u>	<u>3</u>	<u>29</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. 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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
 13. NAME George M. McClintock
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Broadfield Mo.

MOTHER
 15. MAIDEN NAME Anna Dolson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Broadfield Mo.

17. INFORMANT (ADDRESS) Ellis Mae McClintock Broadfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILE Apr 23 38 McClintock Local Registrar.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify John H. Lucas, M. D.
 (Signed) Broadfield Mo.
 (Address) Courser & Linn Co

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

TEMPORARY

