

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

19491
Do not use this space.

REC'D JUN 15 1939

1. PLACE OF DEATH
 (a) County phelps Registration District No. 677
 (b) Township 1 Primary Registration District No. 440.3 Registered No. 50
 (c) City Rolla (d) Street No. _____ St.
 (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 Mrs Julia McClintick
 (a) Residence, No. 1413 N. Euclid 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) George McClintick
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 4, 1857
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 8 22
 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) 7 11. Total time (years) spent in this occupation 1
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn
 FATHER 13. NAME James Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn
 MOTHER 15. MAIDEN NAME Elizabeth Leonard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT (ADDRESS) James M. Miller Eldon Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon DATE 4/27 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs Harry McCaw Rolla Mo.
 20. FILED April 27, 1939 Jos. F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1939
 I HEREBY CERTIFY, That I attended deceased from April 10 1939, to April 10 1939
 I last saw her alive on April 10 1939 Death is said to have occurred on the date stated above, at 3 m.
 The principal cause of death and related causes of importance were as follows:
1. Cancer of stomach
2. Senility
3. Bronchitis ch
4. Myocardial ch
 Date of onset 2 yrs
 Other contributory causes of importance:
1. Hypertension
2. Arteriosclerosis
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury none
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) W. H. Bunnough, M.D.
 (Address) 4755 Muzaffar
W. H. Bunnough, M.D.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 28 1948

JUN 1 1948

JUN 1 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, _____

R. J. McLaw

or by _____

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

Signed _____

R. J. McLaw

Licensed Embalmer No. *3953*

P. O. Address *Rolla, 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, above space should be left blank.