

Registration District No. 25 1939

Primary Registration District No. 3025

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Linn 2
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 124 Sanford
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 60 years
years, months or days

8. (a) PRINT FULL NAME Sarah Ann McClinton
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George M. Clinton 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 24 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business 9

MOTHER FATHER
12. Name James Dawson
13. Birthplace Do not know
(City, town, or county) (State or foreign country)
14. Maiden name Do not know
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. O. B. Godsey
(b) Address Brookfield Mo
17. (a) Road Hill (b) Date thereof July 25 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brookfield

18. (a) Signature of funeral director Will General Bhopel
(b) Address Brookfield Mo
19. (a) July 25 39 (b) W. J. Mack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 1
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 124 Sanford
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1939 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 15, 1939, to July 23, 1939;
that I last saw her alive on July 23, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
(left hemisphere)
Due to _____
Due to _____

Other conditions J. H.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 _____
23. Signature James Dawson (M. D. optional)
Address Brookfield Mo Date signed 7-24-39

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 11,
District File Number 839-931
Date Filed 1-2-33

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 J. M. Blacklock

Licensed Embalmer No. 2276

P. O. Address Brookfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.