

JAN 13 1940

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

44305  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Phelps Registration District No. 677  
 (b) Township Rolla Primary Registration District No. 4403 Registered No. 144  
 (c) City Rolla (d) Street No. McClintock Hospital 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 Andrew McClintock  
 (a) Residence, No. Bourbon Mo 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 white 5. ~~Single~~ Married, Widowed, or Divorced (write the word)  
 5A. IF ~~MARRIED~~ Married or Divorced HUSBAND OF Hilda E. Howe  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-22-1852  
 7. AGE YEARS 87 MONTHS 6 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer  
 10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9  
 FATHER 13. NAME .....  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9  
 MOTHER 15. MAIDEN NAME Unknown 9  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 17. INFORMANT Charles McClintock  
 (ADDRESS) Bourbon Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hardy Cem. DATE 12/28/39  
 19. FUNERAL DIRECTOR (NAME) Edvard Eddy  
 (ADDRESS) Bourbon Mo  
 20. FILED Dec. 28, 1938 Joe F. Cyles Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1939, to Dec 26, 1939  
 I last saw him alive on Dec 26, 1939. Death is said to have occurred on the date stated above, at 11:50 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Infirmities of old age  
Fracture of the hip.  
 Date of onset 1 Dec 15  
 Other contributory causes of importance:  
Fracture of the hip.  
 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 11/22, 1939  
 Where did injury occur? at Home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. at Home  
 Manner of injury Fall  
 Nature of injury Broken Hip  
 24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify (Signed) Arthur McFarland, M. D.  
 (Address) Rolla Mo.

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.

Frank Ogden

RECEIVED

District Health Officer No. 5,

District File Number 140123

Date Filed 11240

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.

~~CHARLES W. MEINERSHAGEN, M.D.~~

~~Special Agent, Bureau of the Census~~

~~SALEM, MISSOURI~~

Signed.....

*Elbert Long*

Licensed Embalmer No. 3504

P. O. Address Bowling 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.