

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.

Usual Residence same as %.

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

FILLED OCT 1941

31458

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 272
(b) Township Benton Primary Registration District No. 5379 Registered No. 94
(c) City Ava (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 Lilla Francis Clinkingbeard

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
62 5 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid life
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 _____

12. BIRTHPLACE (CITY OR TOWN) Ava, Missouri
(STATE OR COUNTRY)

FATHER 13. NAME James Clinkingbeard
14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rebecca Ellison
16. BIRTHPLACE (CITY OR TOWN) Beaver, Mo.
(STATE OR COUNTRY)

17. INFORMANT Vinnie Clinkingbeard
(ADDRESS) Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burdett Cem. DATE 9-8-41

19. FUNERAL DIRECTOR Clinkingbeard Funeral Home,
(ADDRESS) Ava, Mo.

20. FILED 9-18 1941 Reba K. White
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1941

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 5:30 A. M.

The principal cause of death and related causes of importance were as follows:

Invalid all life. No
at. in attendance
Invalid from birth

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 _____
(Signed) Reba K. White Reg.
(Address) Ava, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1041-1532

Date Filed OCT 2 1941

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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 _____

Licensed Embalmer No. _____

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.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31 458
Registrar's No. 94

Registration District No. 272

Primary Registration District No. 5379

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Avia Benton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME

Lilla F. Clinkingbeard

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F

5. Color or
race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Mar 22, 1878
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

(If less than one day
in min.)

62

5

9

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

9-15 1941
(Date received local registrar)

Reta K. White
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Douglas
(c) City or town rural Benton
(If outside city or town limits, write "RURAL")
(d) Street No. Avia
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1941 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from 1941 to 1941, 19____; that I last saw him alive on 1941, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death

Invalid all of life no
Dr in attendance

Due to Invalid from birth
They do not know

Due to Spinal was from being
an invalid & age too

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

162 f
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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

S 31458 1941