No. 2
-1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7174

Registration District No. 496 | Primary Registration District No. 3025 | Registrar's No. 51

1. PLACE OF DEATH:

(a) County: Linn
(b) City or town: Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 209 E Penn St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn
(c) City or town: Brookfield (If outside city or town limits, write "RURAL")
(d) Street No.: 209 E Penn St (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country .....

3. (a) PRINT FULL NAME: John Edward McClintick
3. (b) If veteran, name war: No
3. (c) Social Security No.: X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lucinda Helle
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: Nov. (Month) 4 (Day) 1865 (Year)
8. AGE: Years 76 | Months 4 | Days 11 | If less than one day ..... hr. ..... min.
9. Birthplace: Brookfield (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business .....
12. FATHER Name: James Samuel McClintick
13. FATHER Birthplace: Don't Know (City, town, or county) / Ind. (State or foreign country)
14. MOTHER Maiden name: Jerusia Tooley
15. MOTHER Birthplace: Don't Know (City, town, or county) / Tenn (State or foreign country)
16. (a) Informant: Mrs Grover Stuart
(b) Address: Brookfield Mo R 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 17 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: New Garden (Brookfield)
18. (a) Signature of funeral director: Hopper Fun. Home
(b) Address: Clarence Mo
19. (a) 2-16-1942 (Date received local registrar) (b) H W Chinn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 42 hour 11 minute 24 A.M.
21. I hereby certify that I attended the deceased from Feb 15 1942 to Feb 14 1942 that I last saw him alive on Feb 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Hemorrhagic Nephritis	3 wks.
Due to: General Arteriosclerosis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: 30
Of autopsy:

PHYSICIAN — 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? (Specify type of place) While at work? (e) Means of injury:
23. Signature: R B Haley (M. D. or other) MD
Address: Brookfield Date signed 2/15/42

456 (Licensed Embalmer's Statement on Reverse Side)

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.....L. E. Hopper.....

Licensed Embalmer No.....3727.....

P. O. Address.....Clarence Mo.....

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

If this body is not embalmed, fact should be so stated above.