

S. No. 2
M-5-42
v. 5-17-39
P-I X32873

32849

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 3790

Registration District No. 149

Primary Registration District No. 1002

48
8
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wesley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days
(Specify whether years, months or days)

In this community 40 years
(years, months or days)

3. (a) PRINT FULL NAME Charles W. McClintock

3. (b) If veteran, name war No 3. (c) Social Security No. 490-16-0608

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hattie J. McClintock 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 25 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>4</u>	<u>18</u>	hr. min.

9. Birthplace Pittsfield Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Accountant

MOTHER FATHER

12. Name Isaac N. McClintock

13. Birthplace Pittsfield, Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Julia E. Beavan

15. Birthplace Pittsfield, Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. I. McClintock
(b) Address Oakland, California

17. (a) Burial (b) Date thereof 10-16-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 10-14-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3618 Virginia Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13 -
year 1942 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from September 10, 1941, to October 13, 1942
that I last saw him alive on October 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage - 16 min.

Due to Hypertensive vascular disease - 3 year

Due to Generalized vascular disease - 10 year
Arteriosclerosis

Other conditions g3a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
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?
While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Graham Acker (M. D. or other) M.D.
Address 1220 Prof Bldg Date signed 10-14-42

JAN 12 1943

1-5-43
W. H. Beck
Chas. W. Beck

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 *Ernest E. Freeman*

Licensed Embalmer No. 481

P. O. Address Kansas City, 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, fact should be so stated above.