

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **137** Primary Registration District No. **5517**

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

1. PLACE OF DEATH: **Henry**
 (a) County **Henry**
 (b) City or town **Rural-Tebo Twn.**
(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 **40 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Henry**
 (c) City or town **Rural-Tebo Township**
(If outside city or town limits, write "RURAL")
 (d) Street No. **0**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sarah Paul Clinton
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **F** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **W 2**
 6. (b) Name of husband or wife **Sameul Clinton**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **November 23, 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	11	22	hr. min.

9. Birthplace **Cookeville, Tenn.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **at home**

11. Industry or business _____
 12. Name **John Paul**
 13. Birthplace **Tenn.**
 14. Maiden name **Mary Mathis**
 15. Birthplace **Tenn.**

16. (a) Informant **Miss Nettie Clinton**
 (b) Address **Calhoun, Mo.**
 17. (a) **burial** (b) Date thereof **Oct. 16, '46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Hickroy Grove**

18. (a) Signature of funeral director **Burton Turner**
 (b) Address **Windsor, Missouri**
 19. (a) **11-21-1946** (b) **R. R. Kenney**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **15th**
 year **1946** hour **1:** minute **55 a. m.**
 21. I hereby certify that I attended the deceased from **1-13-46**
 " 19 **1946** to **10-23-46** 19 **1946**
 that I last saw h. **alive** on **10-23-46** 19 **1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Haemorrhage & Cardiac vascular disease**
 Due to **Chronic nephritis & Senile degeneration**
 Due to _____
 Other conditions **1313**
(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)
 (c) Means of injury **21**
 23. Signature **R. R. Kenney** (M. D. or other) **DD**
 Address **Windsor, Mo.** Date signed **11-12-46**

11-25-76
10-46-30/10
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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 *Edwin Huston*

Licensed Embalmer No. *3341*

P. O. Address *Windsor, 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.