

S. No. 2
M-8.43
v. 5-17-39
X37823

257, 16, 39543

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 13 1947

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Vincents Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days + 2 nights
(Specify whether
In this community over 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 504 4th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME PEARL MAY CLINTON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Thomas Clinton 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 27 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Hallowell Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Charles C. Miller

13. Birthplace Nebraska
(City, town, or county) (State or foreign country)

14. Maiden name Clara Etta Propst

15. Birthplace unt known
(City, town, or county) (State or foreign country)

16. (a) Informant J. T. Clinton

(b) Address 504 4th St Monett Mo.

17. (a) Burial (b) Date thereof Dec 20 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 9007 Cem - Monett Mo.

18. (a) Signature of funeral director Callaway's

(b) Address Monett Mo.

19. (a) 12-20-46 (b) W. M. M. M.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1946 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from 4/2/43
to 12-18 1946

that I last saw her alive on 12-17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia - 2 days

Due to Demiplegia 5 days

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

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? _____

While at work? _____ (Specify typical place)
Cause of injury _____

23. Signature Frank M. M. M. (M.D. or other)

Address Monett Mo. Date signed 12-20-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,
District File Number 147-24
Date Filed JAN 8 1947

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

J. R. Brubaker

Licensed Embalmer No.

3179

P. O. Address

Ther. etc. etc.

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.