

S. No. 2
M-5-43
7-5-17-39
b I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41228

FILED DEC 30 1946

Registration District No. 27 Primary Registration District No. 3038 Registrar's No. 229

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:
316 East Park
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 51 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")

(d) Street No. 316 East Park 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edward Franklin Clancy

3. (b) If veteran, name war _____

3. (c) Social Security No. 487-01-5143

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1946 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from 12-17, 1946, to 12-17, 1946;
that I last saw him alive on 12-17, 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Cecelia Clancy

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August 15 1895
(Month) (Day) (Year)

Immediate cause of death Coronary Arteriosclerosis 38 years

8. AGE: Years Months Days If less than one day

51 4 2 hr. min.

Due to _____

Due to _____

9. Birthplace Brookfield Mo.
(City, town, or county) (State or foreign country)

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Trainman

PHYSICIAN

Major findings: None

Of operations None

Of autopsy None

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Benjamin Franklin Clancy

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

14. Maiden name Mary Schaffer

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

16. (a) Informant Mrs Cecelia Clancy

(b) Address Brookfield, Mo.

17. (a) Burial (b) Date thereof Dec 19 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Michael

18. (a) Signature of funeral director Borden Funeral Home

(b) Address Brookfield

19. (a) 12/19/46 (b) W Brewer
(Date received local registrar) (Registrar's signature)

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 L. C. Finch DD (M. D. or other) 0

Address Brookfield Mo Date signed 5/18

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

40-111

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 JAMES B. McCLLAND
Licensed Embalmer No. 4230
P. O. Address Brookfield, 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.