

No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18148**

FILED MAY 27 1947.

Registration District No. **209**

Primary Registration District No. **5764**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County **MARION**

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

(c) Name of hospital or institution:
MONROE CITY ROUTE 3
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MARION** **64**

(c) City or town **RURAL** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **MONROE CITY ROUTE 3** **0**
(If rural, give location) **0**

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **JULIA ELIZABETH McCLINTIC**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **1st** year **1947** hour **7** minute **30A.** M.

4. Sex **FEMALE** 5. Color or race **WHITE**

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

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

7. Birth date of deceased. **OCTOBER 1 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the decedent from **Apr 10 - 1947** to **May 1 - 1947** that I last saw him alive on **Apr 30** and that death occurred on the date and hour stated above.

8. AGE: Years **68** Months **7** Days..... If less than one day..... hr. min.

Immediate cause of death. **Uremia**

Due to **Chronic kidney disease & urinary bladder**

Due to.....

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

9. Birthplace **MARION COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **At HOME**

Major findings: Of operations..... **135B**

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name **WILLIAM S McCLINTIC**

13. Birthplace **ROANKE W VIRGINIA**
(City, town, or county) (State or foreign country)

14. Maiden name **NANCY McCLINTIC**

15. Birthplace **ROCK RIDGE CO VIRGINIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **June McClintic**

(b) Address **Monroe City Mo**

17. (a) **BURIAL** (b) Date thereof **MAY 3/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. JUDES MONROE CITY**

18. (a) Signature of funeral director **Wilson & Sons**

(b) Address **Monroe City Mo**

19. (a) **5-6-1947** (b) **Viola Beech**
(Date received local registrar) (Registrar's signature)

22. If death was due to external cause, 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 **W. D. Disher** (M. D. or other) **7/47**

Address **Monroe City Mo** Date signed **7/47**

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

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..... *me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Leslie A. Nelson*

Licensed Embalmer No. *3014*

P. O. Address *Lawrence 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.