

FILED APR 16 1948

State File No.

Registration District No. 101

Primary Registration District No. 5410

Registrar's No.

1. PLACE OF DEATH:

(a) County DOUGLAS
(b) City or town RURAL, RICHLAND TWP.
(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) 1
(d) Length of stay: In hospital or institution (Specify whether)
In this community Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHRISTOPHER COLUMBUS CLINTON

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

4. Sex MP 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife FRANCIS DRISCOLL CHINTON 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Aug. 21, 1882 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 3 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name NICHOLAS CLINTON
13. Birthplace MO. (City, town, or county) (State or foreign country)

14. Maiden name NANCY PIERCE
15. Birthplace MO. (City, town, or county) (State or foreign country)

16. (a) Informant ELSIE DAVIS

(b) Address WILLOW SPRINGS, MO.

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

(c) Place: burial or cremation LITTLE ZION

18. (a) Signature of funeral director none

(b) Address

19. (a) 4-23-48 (b) Vestal Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Douglas
(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. RICHLAND TWP (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24
year 1948 hour 2:15 minute P M.

21. I hereby certify that I attended the deceased from March 19, 1948 to Mar. 24, 1948
that I last saw him alive on March 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Cardiac Failure
Nephrosis - Chronic
Due to Hypertension - Chronic
Interstitial Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature Thos T. Francis (M.D. or other)

Address Willow Springs, Mo. Date signed 28-3-48

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

Lt. W. Barnes, Registered Apprentice No. 43
working under my personal supervision.

Signed Thomas R. Barnes

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Russell
(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.

(Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME Christopher C. Clinton

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex
- M

5. Color or
-
- race
- W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Aug 21
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

65

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) MO

10. Usual occupation
- Farmer

11. Industry or business

12. Name
- Nicholas Clinton

13. Birthplace

(City, town, or county)

(State or foreign country) MO

14. Maiden name
- Nancy Peritt

15. Birthplace

(City, town, or county)

(State or foreign country) MO

16. (a) Informant
- Elsie Davis

- (b) Address
- Willow Springs, MO

17. (a)

(Burial, cremation, or removal)

- (b) Date thereof

Mar. 26 1948
(Month) (Day) (Year)

- (c) Place: burial or cremation
- Little Lion

18. (a) Signature of funeral director
- None

- (b) Address

19. (a)
- Apr. 23-48

(Date received local registrar)

- (b)

Wesley B. Bunkin
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Mar
- day
- 21
-
- year
- 1948
- hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____

23. Signature
- Thomas J. Fraser
- (M. D. or other)
- DO
-
- Address
- Willow Springs, MO
- Date signed _____

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

S-12022