

Registration District No. 76

Primary Registration District No. 3026

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution: Independence Sanitarium
(d) Length of stay: In hospital or institution Life
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 527 E Kansas
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME May Clinton

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

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 24, 1881

8. AGE: Years 66 Months 7 Days 3
If less than one day hr. min.

9. Birthplace East St. Louis, Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Millinery

11. Industry or business Hairdressing

12. Name William D. W. Clinton

13. Birthplace Platte City, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Betty Louisa Whipple

15. Birthplace Rock Ridge Co., Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Harlin

(b) Address 527 E. Kansas

17. (a) Burial (b) Date thereof April 28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director O. W. Mitchell

(b) Address 310 No. Main St.

19. (a) 4-29-48 (Date received local registrar)

(b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1948 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from February 4, 1948, to April 27, 1948
that I last saw him alive on April 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
Hemorrhage & rupture
of left hemisphere
Due to Hypertensive heart
disease & atherosclerosis
Due to: decompensation of
heart

Duration
Physician
Underline the cause to which death should be charged statistically.

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

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no accident
(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?

(Specify type of place) While at work (e) Means of injury

23. Signature C. H. Allen (M.D.)
Address Independence, Mo. Date signed 4-27-48

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

MOTHER FATHER

JUL 28 1948

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 R. Alan Griffith

Licensed Embalmer No. 4485

P. O. Address. Independence, Missouri

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.