

No. 300
M-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35077
Registrar's No. 2455

FILED NOV 9 1948

Registration District No. 278

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 days
(Specify whether
In this community 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 116 SW 9th Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME CLICE, Thomas J.

3. (b) If veteran, name war WW-I 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Myra 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 22, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 7 29 hr. min.

9. Birthplace Portland, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business -

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Registrar - VAH

(b) Address Jefferson Barracks, Mo.

17. (a) Removal (b) Date thereof: 1/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Missouri.

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

(b) Address 1107 Finney, St. Louis, Mo.

19. (a) 10-23-48 (b) Cecil A. Z. Sharp, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1948 hour 10:01 minute _____ p. M.

21. I hereby certify that I attended the deceased from
September 18, 1948 to October 21, 1948
that I last saw him alive on October 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE CARDIO-
VASCULAR DISEASE Duration Unk

Contributory Cause: ARTERIOLAR
NEPHROSCLEROSIS WITH UREMIA; PUL-
MONARY EDEMA AND UREMIC PERICARDITIS Duration Unk

Other conditions 13/0
(Include pregnancy within 3 months of death)

Major findings: None

Of autopsy Autopsy performed (See cause of death).

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

(a) Accident, suicide, or homicide (specify) NO
(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 L. E. Stillwell
(Specify place) (Specify nature of injury)

23. Signature L. E. STILLWELL (M. D. EMERSON)
Address VAH, Jeff. Brks., Mo. Date signed 10/22/48

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

MOTHER FATHER

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.....

John H. Cunningham

Registered Apprentice No.....

working under my personal supervision.

Signed

John H. Cunningham

Licensed Embalmer No. 4276

P. O. Address 4107 Finney Avenue

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.