

No. 2
1-2-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11087

State File No. _____

FILED APR 12 1944

Registration District No. _____

Primary Registration District No. 5520

Registrar's No. 63

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Rural Windsor WSP.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
On Highway # 2, 2.2 miles west of Windsor
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. R # 3, Windsor
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME George Oscar Clinkenbeard

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

4. Sex Male 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: August 24 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 4 7 hr. 2 min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name George Clinkenbeard

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

14. Maiden name Zella Sloan

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

16. (a) Informant George Clinkenbeard

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 3-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner

(b) Address Windsor, Missouri

19. (a) March 31, 1944 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
 year 1944 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ to _____
 that I last saw _____ alive on Day of arrival
 and that death occurred on the date and hour stated above.

Immediate cause of death: Killed instantly by being accidentally shot by a 22 rifle by his brother. Shot going into right temple of head.

Due to _____
 Due to _____

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

Major findings: 184
 Of operations _____
 Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) accident 042

(b) Date of occurrence March 2, 1944

(c) Where did injury occur? Windsor Henry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway # 2, 2.2 miles west of Windsor
(Specify type of place)
 While at work no (z) Means of injury Rifle

23. Signature R. S. Holliman
 Address Clinton Miss. Date signed 3/2/44

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

12
000

1068

RECEIVED

District Health Officer No. 71

District File Number 3-44-463

Date Filed 4-11-44

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.....

Edw. H. Hinton

Licensed Embalmer No. 3391

P. O. Address Wilmington, 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.