

REC'D OCT 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32106
Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266
(b) Township _____ Primary Registration District No. 4164 Registered No. 60
(c) City Salem (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank Albert McClary 246
(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Hamaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 1856

7. AGE YEARS 81 MONTHS 9 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Clarksburg (STATE OR COUNTRY) Ind.

FATHER 13. NAME Samuel McClary
14. BIRTHPLACE (CITY OR TOWN) Gared Co. (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Margaret Dobbins
16. BIRTHPLACE (CITY OR TOWN) Mayslick (STATE OR COUNTRY) Ky

17. INFORMANT Mrs Belle McClary (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamison Mo DATE 9/7/38

19. FUNERAL DIRECTOR Carl K Spencer (ADDRESS) Salem Mo

20. FILED Sept 5 1938 F. D. Butler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/18/38 to Sept 3 1938
I last saw live on Sept 3 1938 Death is said to have occurred on the date stated above, at 10.00 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1936

Other contributory causes of importance
Chronic Hypertension 1936
Chronic Myocarditis 1937

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Ray H. Hunt, M. D.
(Address) Salem Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Carl K. Spencer, Licensed Embalmer No. 2370

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Carl K. Spencer

Licensed Embalmer No. 2370

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.)