

1939 OCT 19 1939

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

31752
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain / Registration District No. 26
 (b) Township Salt River / Primary Registration District No. 3002
 (c) City Mexico / (d) Street No. Audrain County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

246 Thomas Gordon McClary Jr.

(a) Residence, No. Excelsior Springs, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as Student
 9. Industry or business in which work was done, as work 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) (STATE OR COUNTRY) Excelsior Springs, Mo.

FATHER 13. NAME T. G. McClary
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C., Mo.

MOTHER 15. MAIDEN NAME Gertrude Maston
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C., Mo.

17. INFORMANT (ADDRESS) Dr. T. G. McClary
Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs, Mo. Aug. 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Arnold Jr.
Mexico, Missouri

20. FILED Sept. 6, 1939 Blanche Neely
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-31-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Coroners Case
(Inquest pending)
Automobile accident
 Other contributory causes of importance:
Inquest held Sept. 6-39
L. J. M.

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? Accident Date of injury 8/30, 1939
 Where did injury occur? Montgomery County
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Highway
Automobile Collision
 Nature of injury Head and body injuries

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. Marshall Coroner
 (Address) Audrain Co.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

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RECEIVED

District Health Officer No. 10

District File Number 10-39-1745

Date Filed OCT 9 1939

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, _____

W. Arnold

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

W. Arnold

Licensed Embalmer No. 3569

P. O. Address Mexico, 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, above space should be left blank.