No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32698

FILED OCT 18 1940

Registration District No. 611 Primary Registration District No. 4365 Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Seneca, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Seneca
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME David Oly Clary

3. (b) If veteran, name war

3. (c) Social Security No. 526-12-6728

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nettie Clemenston Clary

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 7 (Day) 1881 (Year)

8. AGE: Years 59 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Fredonia (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Carpenter and Minister 9

11. Industry or business

FATHER
12. Name Richard James Clary 9
13. Birthplace unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Dont know
15. Birthplace dont know (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Billings
(b) Address Goodman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 11 (Day) 40 (Year)
(c) Place: burial or cremation New Bethel Cemetery

18. (a) Signature of funeral director B W Hayward
(b) Address Seneca, Mo.

19. (a) Sept 15 1940 (Date received local registrar) (b) Merle Sparlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 10
year 1940 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1940 to Sept 10, 1940
that I last saw him alive on Sept 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to 94 A

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(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?
545 (Specify type of place)
While at work (e) Means of injury

23. Signature T. B. Duemler (M. D. or other) 1
Address Seneca Mo Date signed 9-10-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1040-2687
Date Filed OCT 10 1940

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 James Weldon Bussard, Registered Apprentice No. 239 working under my personal supervision.

Signed R. W. Bussard

Licensed Embalmer No. 2334

P. O. Address Seneca, 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.