

FILED AUG-14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25518

State File No.

Registration District No. 852

Primary Registration District No. 4519

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan
(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) 1

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan

(c) City or town Milan 105
(If outside city or town limits, write "RURAL") 10

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country. D

3. (a) PRINT FULL NAME Ord Austin McClary

3. (b) If veteran, name war

3. (c) Social Security No. 486-12-7346

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

6. (b) Name of husband or wife Nora McClary 6. (c) Age of husband or wife if alive. 36 years

7. Birth date of deceased. 11-29-1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 7 7 hr. min.

9. Birthplace Mercer County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Thomas D. McClary

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

14. Maiden name Myranda Jane Esary

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

16. (a) Informant Mrs Sarah Beach

(b) Address Marion Mo

17. (a) Burial (b) Date thereof. 7-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring City Mo

18. (a) Signature of funeral director Legg & Son

(b) Address Milan Mo

19. (a) July 18-1942 (b) Mrs L. D. Green
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1942 hour 10 minute PM

21. I hereby certify that I attended the deceased from July 10 1942 to July 16 1942
that I last saw him alive on July 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 5 days
& hypertension 5 years
Nephritis 5 years

Due to arteriosclerosis 5 years
& hypertension

Due to Nephritis 5 years

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

Major findings: Of operations 12/18

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature John H. Judd M. D. or other DP
Address Palmer, Mo Date signed 7/17/42

1190 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

#8

RECEIVED

District Health Officer No: 10

District File Number 8-42-15-6k

Date Filed AUG 11 1947

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 Russell C. Higgins

Licensed Embalmer No. 3792

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.