

FILED SEP 14 1942 315

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

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Burge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2-28-42-8-12-42
(Specify whether)
 In this community 32 yrs.
years, months or days

3. (a) PRINT FULL NAME Jeanette May Clary
 3. (b) If veteran, name war None
 3. (c) Social Security No. Unknown

4. Sex Female | 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Robert W. Clary
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Oct. 12 1885
(Month) (Day) (Year)

8. AGE: Years 156 Months 10 Days 0
If less than one day hr. min.

9. Birthplace Part. Smith, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Harrison Buckner

13. Birthplace Bloomer, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Martin, Remy

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

16. (a) Informant R. W. Clary

(b) Address 1920 N. Douglas

17. (a) Burial (b) Date thereof Aug 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director W. H. Witherington & Co.
 (b) Address Springfield, Mo.

19. (a) 8-14-42 (b) B. M. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 1920 N. Douglas
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
 year 1942 hour _____ minute 00 P. M.

21. I hereby certify that I attended the deceased from 4-1-42, 19____, to 8-12-42, 19____;

that I last saw her alive on 8-12-42, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Cirrhosis of Liver
 Due to _____

Due to _____

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

Major findings: Of operations 30g
 Of autopsy _____

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 B. M. Handley (M. D. or other) _____
 Address Springfield, Mo. Date signed 8-13-42

Duration ?
?
2 yrs.
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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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 *J. B. [unclear]*
Licensed Embalmer No. *3358*

P. O. Address.....

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.