

S. No. 2
M-5-42
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40198

FILED JAN 11 1945

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 188

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 50 days
(Specify whether years, months or days)

In this community 50 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 911

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

(d) Street No. 11
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Fred Clary

3. (b) If veteran, name war World War I

3. (c) Social Security No. unknown.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Carrie Clary

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased January 9, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>11</u>	<u>2</u>	hr. min.

9. Birthplace Brazeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer - unemployed.

11. Industry or business 11

MOTHER FATHER { 12. Name Miles M. Clary

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Missouri Elizabeth Hughey

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

16. (a) Informant Hospital records, Veterans Administration, Excelsior Springs, Mo.

(b) Address Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 12/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beard Woodhouse, Illinois

18. (a) Signature of funeral director Claude Prichard
CLAUDE PRICHARD, Undertaker

(b) Address Excelsior Springs, Mo.

19. (a) 12-11-42 (b) Miss Sade Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1942 hour 11:10 minute A. M.

21. I hereby certify that I attended the deceased from October 22, 1942, to December 11, 1942, that I last saw him alive on December 11, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced, active IV, severe. unknown

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy No 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) (M. D. or other) M.D.

23. Signature Forrest G. Bell (M. D. or other) M.D.
Address Veterans Administration Date signed 12/12/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-8-43

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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.