

FILED APR 21 1943

Registration District No. **72**

Primary Registration District No. **4134**

Registrar's No. **25**

1. PLACE OF DEATH:
(a) County... **CLAY**
(b) City or town... **SMITHVILLE, MO.**
(c) Name of hospital or institution: **/ HOME**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **33 YEARS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **WILLIAM R. McCLARY**
3. (b) If veteran, name war..... **3. (c) Social Security No.**.....

4. Sex **MALE** **5. Color or race** **WHITE** **6. (a) Single, widowed, married, divorced** **MARRIED**
6. (b) Name of husband or wife **NANNIE L. "McCOMAS" McCLARY** **6. (c) Age of husband or wife if alive**..... years
7. Birth date of deceased **OCT. 4 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 15 hr. min.

9. Birthplace **PLATTE CO. MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **MERCHANT**

11. Industry or business **GROCERY**

12. Name **WILLIAM HENRY McCLARY**
13. Birthplace **MO.**
14. Maiden name **MARTEA JANE KINDER**
15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. W.R. McCLARY**
(b) Address **SMITHVILLE, MO.**

17. (a) BURIAL **(b) Date thereof** **3 22 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SMITHVILLE, MO.**

18. (a) Signature of funeral director **McCOMAS FUNERAL HOME**
(b) Address **SMITHVILLE, MO.**

19. (a) Mar 25-43 **(b) Ruth N. Henry**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State... **MISSOURI** (b) County... **CLAY**
(c) City or town... **SMITHVILLE, MO.**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

20. DATE OF DEATH: Month **March** day **19th**
year **1943** hour **7** minute **150. M.**

21. I hereby certify that I attended the deceased from **3-19-43**
19. to **3-19-43** 19. ;
that I last saw him alive on **3-19-43** 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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?
.....
(Specify type of place)

While at work?.....
Means of injury.....
23. Signature **Smithville, Mo** (M. D. or other) **MD**
Address..... Date signed **3-20-43**

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

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-20-43

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 S. A. McComas
Licensed Embalmer No. 2303
P. O. Address Smithville, 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.