

FILED JAN 5 1949
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3200 Mulhady
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Jean City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 3634 Ballou 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country.

3. (a) PRINT FULL NAME Cora Cleary

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married. Divorced Widow

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 15 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 43 hour 2:35 minute P M.

21. I hereby certify that I attended the deceased from 12-20-43 11
19, to 12-24-43 23
that I last saw her alive on 12-24-43 19
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 9 Days 9 If less than one day
hr. min.

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

Immediate cause of death Arteriosclerosis Duration
AT

Due to

Due to

10. Usual occupation Housewife

11. Industry or business none

12. Name J E Muir

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

14. Maiden name Ms Renaud (State or foreign country)

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Mervin Smith

(b) Address 8416 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (Year)

(c) Place: burial or cremation St. Joseph's Cem

18. (a) Signature of funeral director John - Maykamp

(b) Address 2315 Junwood

19. (a) 12-27-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

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 M. A. ... (M. D. or other)

Address 3200 Mulhady Date signed 12-26-43

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

MOTHER FATHER

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..... *Ray E Snow*.....
Licensed Embalmer No. *2566*.....
P. O. Address..... *Lin at Olive*.....

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.