

Registration District No. **244** Primary Registration District No. **5834**

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

**1. PLACE OF DEATH:** **NEWTON**  
(a) County **NEWTON**  
(b) City or town **DIAMOND** *Missouri*  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **45 years** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **GEORGE WILSON CLARY**  
**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** **MRS. HELEN CLARY** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **HENRY CO. MO. Dec 12-1860**  
(Month) (Day) (Year)

**8. AGE:** Years **83** Months \_\_\_\_\_ Days **12** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **HENRY COUNTY, MO.** (City, town, or county) (State or foreign country)

**10. Usual occupation** **MILL & FEED**

**11. Industry or business**

**MOTHER FATHER**  
**12. Name** **JOHN CLARY**  
**13. Birthplace** **TENNESSEE** (City, town, or county) (State or foreign country)  
**14. Maiden name** **LAVINA SEVERA**  
**15. Birthplace** **UNKNOWN** (City, town, or county) (State or foreign country)

**16. (a) Informant** **Bertha Love**  
**(b) Address** **DIAMOND, MO.**

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** **12-26-43** (Month) (Day) (Year)  
**(c) Place: burial or cremation** **DIAMOND CEMETERY**

**18. (a) Signature of funeral director** **J. A. Bigham**  
**(b) Address** \_\_\_\_\_

**19. (a) 12-26-1943** (Date received local registrar) **(b) Mrs. W. S. Chapman** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **NEWTON**  
(c) City or town **DIAMOND** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **12** day **24** year **1943** hour **7** minute **50 P. M.**  
**21. I hereby certify that I attended the deceased from** **12-19-43** to **12-23-1943**  
that I last saw him alive on **12-23-43**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Edema of Brain**  
Due to **arterio sclerosis**  
Other conditions (Include pregnancy within 3 months of death)  
Due to **83**  
Other findings: Of operations **none performed**  
Of autopsy **none**

**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** **G. C. DeRoll M. D.** (M. D. or other) **Address** **Diamond, Mo.** Date signed **12/26/43**

RECEIVED

1-5-44

District Health Officer No. ....

District File Number 1243-242 .....

Date Filed 1-10-44 .....

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. Bingham*

Licensed Embalmer No. 2689

P. O. Address Wash. 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, above space should be left blank.