

FILED SEP 14 1944

Primary Registration District No. **3028**

Registrar's No. **174**

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Fulton & Third Sts.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **47**  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. Fulton & Third Sts.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) **3**  
If yes, name country --- **0**

3. (a) PRINT FULL NAME

Andrew Fred McClary

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alice McClary 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased December 17 1867  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph McClary  
(b) Address Route 3, Carthage, Mo.

17. (a) Burial (b) Date thereof Aug. 4, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Aug. 3, 1944 (b) E. Elizabeth Cooper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2  
year 1944 hour 4:30 minute P.M.

21. I hereby certify that I attended the deceased from July 10, 1944 to Aug 2, 1944  
that I last saw him alive on Aug 1, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Duration

Due to Chronic Arteritis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 920 Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_ Means of injury ②

23. Signature [Signature] (M. D. number) \_\_\_\_\_  
Address [Address] Date signed 8-2-44

1203

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

44-9-698

**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 Lucy Luce Buckwell

Licensed Embalmer No. 2510

P. O. Address Carthage, 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.