S. No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 28 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8227

Registration District No. 33 Primary Registration District No. 6148 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: STODDARD
(b) City or town: RURAL - CASTOR Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BLOOMFIELD, R#1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: STODDARD
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: BLOOMFIELD, R#1
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CLAUDIE MAY CLARY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: FEMALE
5. Color or race: W.
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: FEB. (Month) 16 (Day) 1946 (Year)
8. AGE: Years — Months — Days — If less than one day 16 hr. min.
9. Birthplace: STODDARD Co., MO. (City, town, or county) (State or foreign country)
10. Usual occupation: —
11. Industry or business: —
MOTHER FATHER
12. Name: CLAUDE C. CLARY
13. Birthplace: WEEKLY Co., TENN. (City, town, or county) (State or foreign country)
14. Maiden name: EZZA MAY BERRY
15. Birthplace: STODDARD Co., MO. (City, town, or county) (State or foreign country)
16. (a) Informant: CLAUDE C. CLARY
(b) Address: BLOOMFIELD, R#1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation: GRAVEL HILL CEM.
18. (a) Signature of funeral director: No funeral Director
(b) Address
19. (a) 2/20/1946 (Date received local registrar) (b) Pearl Elmore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 16 year 1946 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from FEB 16, 1946 to FEB 16, 1946 that I last saw her alive on FEB. 16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: SPINA BIFIDA	
Due to:	
Due to:	
Other conditions: CONGENITAL DEBILITY (Include pregnancy within 3 months of death)	

Major findings:
Of operations: NO
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: [signature] (M. D. or other)
Address: BLOOMFIELD Date signed 2-18-46

304 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 346-336
Date Filed 3/6/46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.