S. No. 2
DM—5-43
v. 5-17-39
o I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1946

State File No. 19499

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 655

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4
Rosary Hill Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)
In this community 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan 999
(c) City or town Troy 14
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Henry Clary
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov. 18, 1869 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Troy Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant E. L. Karr
(b) Address Troy, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Kansas
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) June 7, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature) V.N.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1946 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from May 22, 1946 to June 1, 1946; that I last saw him alive on June 1, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic Regurgitation	1 yr.
Due to: Arterial Sclerosis	10 yr.
Due to: --	
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.

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 ✓ 0
23. Signature Charles H. Werner (M. D. or other)
Address 221 Kirkpatrick Bldg. St. Joseph, Mo. Date signed 6/4/46

(Licensed Embalmer's Statement on Reverse Side)

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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 6/2/46

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl A. Clark,

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.