

STANDARD CERTIFICATE OF DEATH

State File No. **26738**

Registration District No. **101**

Primary Registration District No. **5393**

Registrar's No. **48**

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Benton Rural Benton  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34  
(c) City or town Ava Rural 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ray Dwayne McCleary

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 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 May 28, 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 8 hr. min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Ray McCleary  
13. Birthplace Blanche, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Edith Chamberlain  
15. Birthplace Ava, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray McCleary  
(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 6-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whites Creek

18. (a) Signature of funeral director: Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) Aug 2-46 (b) Vestal Bushman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6  
year 1946 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 28, 1946  
to June 6, 1946, 19\_\_\_\_;

that I last saw him alive on June 6, 1946, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Pneumonia Duration 2 days

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

Other conditions 7 months baby.  
(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?

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address Ava, Mo Date signed June 19, 1946

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

RECEIVED

District Health Officer No. 6,

District File Number 996-905

Date Filed SEP 4 - 1946

Families request that body be not embalmed

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *W. B. Hutchinson*.....

Licensed Embalmer No. 3431

P. O. Address Ara 2nd

**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.