

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20738**

FILED JUL 9 1947

Registration District No. **137**

Primary Registration District No. **3023**

Registrar's No. **146**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Clinton mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Clinton Wintzell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

C. L. Clary

3. (b) If veteran, name war **no**

3. (c) Social Security No **496-16-9567**

4. Sex **Male** 5. Color or race **white** 6. (a) **Single** ~~widowed~~ ~~married~~ ~~divorced~~
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **10** years
7. Birth date of deceased **Nov. 10 1888**
(Month) (Day) (Year)

8. AGE: Years **58** Months **7** Days **20** If less than one day hr. min.

9. Birthplace **Ill.** (City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business

12. Name **J. T. Clary**
13. Birthplace **Michigan** (City, town, or county) (State or foreign country)
14. Maiden name **Hattie Daniels**
15. Birthplace **Illinois** (City, town, or county) (State or foreign country)

16. (a) Informant **C. W. Clary**

(b) Address **5409 Forest Ave. Mo**

17. (a) **Removal** (b) Date thereof **7-2-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wymore, Neb**

18. (a) Signature of funeral director **Wm. A. Auro**

(b) Address **Deepwater Mo**

19. (a) **7-1-47** (b) **A. R. Kennedy**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry** **42**
(c) City or town **Deepwater mo**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **30th** year **1947** hour **3** minute **40 P.M.**
21. I hereby certify that I attended the deceased from **Sat 28.46** to **June 30 1947**
that I last saw him alive on **June 30 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**
Acute Nephritis
Due to **Carcinoma of Liver**
metastasis from prostate
Due to

Other conditions.
(Include pregnancy within 5 months of death)

Major findings:

Of operations **Hip**
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) (e) Means of injury **2**

23. Signature **Guad West** (M.D. or other)
Address **Clinton mo** Date signed **July 1 1947**

RECEIVED
District Health Officer No. 7,
District File Number 6-47-801
Date Filed 7-7-47

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

Tom Hurst

Licensed Embalmer No. *2782*

P. O. Address *Deepwater 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.