S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1948

Registration District No. 272

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2063

Primary Registration District No. 4434

Registrar's No.

1. PLACE OF DEATH:

(a) County RALLS.

(b) City or town CENTER-MO.
(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 80 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RALLS. 87

(c) City or town CENTER-MO. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOHN-ROBERT-CLARY.

3. (b) If veteran, name war

3. (c) Social Security No. NONE.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ALLIE-CLARY.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) - 10 (Day) - 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	9	3	hr. min.

9. Birthplace UNKNOWN (City, town, or county) TENN. (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business FARM.

FATHER
12. Name UNKNOWN.
13. Birthplace UNKNOWN. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARTHA-COLSON.
15. Birthplace UNKNOWN (City, town, or county) TENN. (State or foreign country)

16. (a) Informant Martin Clary.
(b) Address CENTER-MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation OLIVATE-CEMETERY.

18. (a) Signature of funeral director Couch + Wilsey
(b) Address CENTER-MO.

19. (a) 2-9-1948 (Date received local registrar) (b) Clyde Wilsey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 7th year 1948 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 2, 1948, to Feb 7, 1948 that I last saw him alive on Feb. 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Acute	5 weeks
Due to unknown	
Due to unknown	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

93 A

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 C. H. Brooks (M. D. or other) DO.

Address Center, Mo Date signed 2-7-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-48-310
FEB 13 1948
Date Filed

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 Clyde Wilsey

Licensed Embalmer No. 3-8-20

P. O. Address Perry, Ind.

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.