No. 2
0M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12276
State File No.

FILED APR 19 1948

Registration District No. 1932 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH
(a) County: Grundy
(b) City or town: Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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: 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy
(c) City or town: Trenton
(If outside city or town limits, write "RURAL")
(d) Street No.: 1306 Tindal
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George Washington McClary
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, divorced: widowed
6. (b) Name of husband or wife: Eliza N. Drubb
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: Aug (Month) 30 (Day) 1858 (Year)

8. AGE: Years 89 Months 5 Days 27 If less than one day hr. min.

9. Birthplace: Cooper County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Agriculture
FATHER
12. Name: James McClary
13. Birthplace: U.S.A. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Cynthia Ann Marrs
15. Birthplace: U.S.A. (City, town, or county) (State or foreign country)
16. (a) Informant: Dena Gaar
(b) Address: Chillicothe, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 29-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: F.O.E. Edinburgh
18. (a) Signature of funeral director: Oliver Jones
(b) Address: Trenton, Mo.
19. (a) 1/29/48 (Date received local registrar) (b) Irene Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th year 1948 hour about 1:30 A.M. P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral Hemorrhage (Concealed)
Due to: Slight Cerebral Hemorrhage on Jan 1, 1948
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 30
Of autopsy:

PHYSICIAN
Underline the cause of 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: Lyne A Davis (M. D. or Coroner) Carrollton Mo.
Address: Trenton, Mo. Date signed: Jan 27 1948

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 J. Gordon Blackmon, Registered Apprentice No. 78, working under my personal supervision.

Signed Chas D Hyson

Licensed Embalmer No. 3109

P. O. Address Trenton 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.