

FILED JUN 19 1950

DELETED

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **JACKSON**
 (b) City or town **RURAL**BROOKING**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MURKIN RD. & ROCK ISLAND UNDERPASS
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **XXXXX**
(Specify whether)
 In this community **3 DAYS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **COLORADO** (b) County **EL PASO**
 (c) City or town **COLORADO SPRINGS**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1115 NORTH INSTITUTE**
(If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **THOMAS J. 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 **MARRIED**
 6. (b) Name of husband or wife **FLORENCE E. CLARY** 6. (c) Age of husband or wife if alive **66** years
 7. Birth date of deceased **FEB. 14, 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **7** **6** hr. _____ min.

9. Birthplace **RICH HILL, MISSOURI.**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED TEACHER**

11. Industry or business **PUBLIC SCHOOLS**

12. Name **JOHN PATRICK CLARY**
 13. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)
 14. Maiden name **MATE BOLINGER**
 15. Birthplace **WISCONSIN**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. FLORENCE E. CLARY**
 (b) Address **COLORADO SPRINGS, COLO.**

17. (a) **REMOVAL** (b) Date thereof **SEPT. 21, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BUFFALO, ILL.**
 18. (a) Signature of funeral director *E. Clark Heger*
 (b) Address **RAYTOWN, MISSOURI.**

19. (a) **JUN 19 1950** (b) *Clayde A. Bridger*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **20**
 year **1948** hour **2** minute **50** P.M.

21. I hereby certify that I attended the deceased from **COONER** 19____ to _____ 19____;
 that I last saw h. _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY SCLEROSIS** Duration _____

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **INSPECTION & EXAMINATION** **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 _____

23. Signature **A. E. UPSHER - M. D. DEP. CORONER**
 Address **4800 main St. K.C. Mo.** Date signed **9/20/48**

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

MOTHER FATHER

JUL 20 1950

NO FEE
ENCLOSED
JUL 19 1950

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. Clark Hegent

Licensed Embalmer No. 3983

P. O. Address Raytown 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.