

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

SEP 20 1939

Registration District No. 247

Primary Registration District No. 3018

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Henry 2  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Franklin + Carter St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 33 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 1  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. Franklin + Carter St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME THOMAS O. CARY 000

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 9 12 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>17</u>	hr. _____ min.

9. Birthplace Mercer Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate merchant

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name William F. Cary  
13. Birthplace Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Florinda Rogers  
15. Birthplace Mercer Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. P. O. Cary  
(b) Address 1652 1/2 Carter St Clinton Mo

17. (a) Burial (b) Date thereof 8 30 39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director Frank C. Wilkinson  
(b) Address Clinton Mo

19. (a) 8-30-39 (b) Dr. J. R. Hampton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29  
year 1939 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 16  
Aug 16, 1939 to Aug 27, 1939  
that I last saw her alive on August 27, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Typhoid fever</u>	<u>Not 3 wks</u>
Due to <u>Intestinal hemorrhage</u>	<u>4 days</u>
Due to _____	_____

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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 S. B. Hughes, M.D. (M. D. or other)  
Address Clinton, Mo. Date signed 8/29/39

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1785

Date Filed 9-7-39

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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 Fred Wilkerson

Licensed Embalmer No. 7856

P. O. Address Clinton

**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, above space should be left blank.