

No. 2
-12-45
-17-39
X47070

FILED SEP 30 1946

Primary Registration District No. 6676

State File No. _____

Registrar's No. 1906

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 8-23-46
(Specify whether years, months or days)

In this community 71 years

3. (a) PRINT FULL NAME CLARY, DeWitt A.

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Cora T. Clary

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov. 8, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	10	10	2 hr. 45 min.

9. Birthplace Logansport, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Guard

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof 9-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director C. Hofmister U. & L. Co.
7814 S. Broadway St. Louis, Mo.

(b) Address _____

19. (a) 9-21-46 (Date received local registrar)

Push Dalton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 128 Boonville Rd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19
year 1946 hour 2:45 minute A M.

21. I hereby certify that I attended the deceased from August 23, 1946 to September 19, 1946, and that death occurred on the date and hour stated above.

that I last saw him alive on September 19, 1946

Immediate cause of death
CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGES AND DYSPNOEA ON EXERTION

Due to _____

Due to _____

Other conditions ARTERIOSCLEROSIS, GENERAL

(Include pregnancy within 3 months of death)

Duration

UNK

UNK

PHYSICIAN

Major findings: No Operation

Of operations _____

Of autopsy No Autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) No

(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 L. E. Stille (M. D. or other) _____

Address Vet. Adm. Hosp., Jeff. Bks. Mo. Date signed 9-19-46

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

AUG 26 1952

APR 20 1954

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

James C. Hoffmeister

Licensed Embalmer No.

3871

P.O. Address

7814 S Broad

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.