S. No. 2
M—9-4-41
5-17-39
I X29484

108

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11277

Registration District No. 339

Primary Registration District No. 6220

Registrar's No.

1. PLACE OF DEATH:

(a) County: Dent

(b) City or town: Gordonville R.F.D. #2 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1½ mi North of Gordonville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days) In this community: Most of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dent

(c) City or town: Gordonville R.F.D. #2 (If outside city or town limits, write "RURAL")

(d) Street No.: 1½ mi. N. of Gordonville (If rural, give location) Harrison Twp

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Franklin Frederick Clary

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: C. Elizabeth Clary

6. (c) Age of husband or wife if alive: 19 years

7. Birth date of deceased: April (Month) 19 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
77	11	9	hr. min.

9. Birthplace: Litchfield (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Chas Clary

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

14. Maiden name: Sarah Jane Biles

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

16. (a) Informant: Mrs C. Elizabeth Clary

(b) Address: Gordonville R.F.D. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 30-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Clearbrook Cem

18. (a) Signature of funeral director: C. E. Ferguson

(b) Address: Gordonville Mo

19. (a) April 5 1948 (Date received local registrar) (b) Mrs Ruth Faith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 28 year 1948 hour 4 minute 30 p.m.

21. I hereby certify that I attended the deceased from 3 / 24 / 1948, to 4 / 28 / 1948, that I last saw him alive on 3 / 28 / 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis of several years duration.

Due to: Do not know cause.

Due to:

Other conditions: None except his age. (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

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: F. C. Albright (M. D. or other)

Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-48-3
Date Filed 4-6-48

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.

C. E

Signed.....

Licensed Embalmer No. 2030

P. O. Address.....

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.