

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1193
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Raw Primary Registration District No. 1002
(c) City Kansas City, Mo. or (d) Street No. Children's Mercy Hospital Registered No. 206
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Clevenger

(a) Residence, No. 415 Lawson, Mo. R.R. 1 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1939, to January 17, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1936

I last saw her alive on January 17, 1939. Death is said to have occurred on the date stated above, at 12:35 a.m.

7. AGE YEARS 2 MONTHS 6 DAYS 18 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Acute Perforating Appendicitis Peritonitis
Date of onset 1-14-39

12. BIRTHPLACE (CITY OR TOWN) Lawson, Mo (STATE OR COUNTRY) Mo

Other contributory causes of importance:

FATHER 13. NAME Tom Clevenger

Name of operation Appendectomy Date of 1-16-39

14. BIRTHPLACE (CITY OR TOWN) Lawson, Mo (STATE OR COUNTRY) Mo

What test confirmed diagnosis? None Was there an autopsy?

MOTHER 15. MAIDEN NAME Ova Cowan

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1939

16. BIRTHPLACE (CITY OR TOWN) Livingston Tenn. (STATE OR COUNTRY) Tenn.

Where did injury occur? None (Specify city or town, county, and State)

17. INFORMANT Father - Tom Clevenger (ADDRESS) Lawson, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union (near Lawson) Jan 19, 1939

Manner of injury None Nature of injury None

19. FUNERAL DIRECTOR (NAME) J. M. Ward (ADDRESS) Lawson, Mo.

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify None

20. FILED Jan 17, 1939 M. M. Crowe Local Registrar.

(Signed) E. A. Wilkinson M. D.
(Address) 1103 Grand Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIAN'S SIGNATURE

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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c
with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.