

No. 2
1-10-39
-17-39
X21492

FILED AUG 10 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24629

Registration District No. 85

Primary Registration District No. 1001

State File No. _____
Registrar's No. 750

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
430 Haeberle 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 38 years
(years, months or days)

8. (a) PRINT FULL NAME HARRIET JULIA CLEVINGER
8. (b) If veteran, name war none
8. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Frigg Allen Clevenger
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April 2nd. 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 10 hr. min.

9. Birthplace Clay County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business home
12. Name Henry Osborn
13. Birthplace Clay County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Gill
15. Birthplace Clay County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva L. Pierce
(b) Address 430 Haeberle St. Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15, 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address ST. JOSEPH MO

19. (a) 7/15/40 (Date received local registrar) (b) E. J. Neathus (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 430 Haberle
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1940 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from June 15 to July 12, 1940
that I last saw her alive on July 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to _____
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: NO

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? 85
(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)
Means of injury _____

23. Signature John J. Brown (M. D. or other) 1
Address St. Joseph Mo Date signed 7-15-40

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

MOTHER FATHER

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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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.