No. 2
4-13-40
FILED OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31438

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 994

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

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: Buchanan County Jail (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Few Days (Specify whether
In this community Eew Days 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 4528 Garfield Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ——— years. 0

3. (a) PRINT FULL NAME Clarance J. Bevens
3. (b) If veteran, name war No
3. (c) Social Security No. Do Not Know
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ———
6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased (Month) About (Day) 1919 (Year)

8. AGE: Years About 21 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Truck Driver 0
11. Industry or business 9
FATHER
12. Name Elmer J. Bevens 9
13. Birthplace Do Not Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ella ———
15. Birthplace Do Not Know (City, town, or county) (State or foreign country)
16. (a) Informant Records at County Jail
(b) Address St Joseph Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 11 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.
18. (a) Signature of funeral director Roy Stamey
(b) Address St Joseph Mo.
19. (a) 9-11-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1940 hour ? minute ? M.
21. I hereby certify that I attended the deceased from Viewed the body to ....., 19....;
that I last saw h..... a..... 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suicide by hanging	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations –	
Of autopsy –	

165

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)
85
While at work? (e) Means of injury 5
23. Signature Leroi Beck acting Carner (M. D. or other)
Address King Hill Bldg Date signed 9/11/40
St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Sept 10, 1940 ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, Mo

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

If this body is not embalmed, fact should be so stated above.