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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2247

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 11

1. PLACE OF DEATH:

(a) County CLAY

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

(c) Name of hospital or institution:
507 South 1 St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether)

In this community 35 yrs
years, months or days

3. (a) PRINT FULL NAME CLAUDE CLEVINGER

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-10-9945

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NORA CLEVINGER

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased DECEMBER 16 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>35</u>	<u>1</u>	<u>1</u>	hr. _____ min.

9. Birthplace RAY CO. MO. U
(City, town, or county) (State or foreign country)

10. Usual occupation MECHANIC

11. Industry or business _____

MOTHER FATHER

12. Name HUGH CLEVINGER

13. Birthplace RAY CO. MO. U
(City, town, or county) (State or foreign country)

14. Maiden name TRIXIE CRORK

15. Birthplace RAY CO. MO. U
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Nora Clevinger

(b) Address Excelsior Springs Mo.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 1-19-41
(Month) (Day) (Year)

(c) Place: burial or cremation NEW GARDEN

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs Mo.

19. (a) 1-21-41 (Date received local registrar)

(b) Thos Red McCracken (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY

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

(d) Street No. 507 SOUTH ST.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1941 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to 94 W

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) Coronary Thrombosis

(b) Date of occurrence Jan. 17th 1941

(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? chevrolet garage

23. Signature W. C. Cracher (M. D. or other) _____
Address Excelsior Springs Mo. Date signed 1-28-41

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

OCT 1 1953

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 *Scott W. Hochensmith*

Licensed Embalmer No. *3597*

P. O. Address *Excelsior Springs*

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

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