

FILED MAR 17 1941

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

7298
Do not use this space.**1. PLACE OF DEATH**

(a) County Jefferson Registration District No. 421
 (b) Township _____ Primary Registration District No. 2375A Registered No. 12
 (c) City Crystal City (d) Street No. 401 Taylor Ave. St. _____
 (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

MARY CLEVENGER
 (a) Residence, No. CRYSTAL CITY, MO. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF INFANT
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 13, 1941
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min. 5 hrs. 30 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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 _____

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

FATHER 13. NAME Sam Clevenger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reed, Mo.

MOTHER 15. MAIDEN NAME Abella Hewitt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Festus, Mo.

17. INFORMANT (ADDRESS) Sam Clevenger
Crystal City

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus, Mo. DATE Feb 13, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geney B. Palitte
Crystal City, Mo.

20. FILED Feb 15, 1941 J. E. Rutledge
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1941, to Feb. 13, 1941

I last saw him alive on Feb. 13, 1941. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Premature birth -
Twin - Hydramnion.

Other contributory causes of importance: 154

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John F. Rutledge M. D.

(Address) Crystal City, Mo.

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

Gentry C. Palitte

Licensed Embalmer No. *3481*

P. O. Address *Crystal City, Mo*

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.