

FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH7299
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
 (b) Township _____ Primary Registration District No. 3375A Registered No. 13
 (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

MARION CLEVENGER
 (a) Residence, No. CRISTAL 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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>INFANT</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEBRUARY 13, 1941</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>0</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
<u>Infant</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
<u>Infant</u>		
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) <u>Crystal City, Mo.</u>		
FATHER	13. NAME <u>Sam Cleveger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Reeds, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Abella Hewitt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Festus, Mo.</u>	
17. INFORMANT <u>Sam Cleveger</u> (ADDRESS) <u>Crystal City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Festus, Mo.</u> DATE <u>Feb 13, 41</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Antony Solite</u> <u>Crystal City, Mo.</u>		
20. FILED <u>Feb 15, 1941</u> <u>J. E. Rutledge</u> 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 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Premature birth.
Twin - Hydramnion
159
 Other contributory causes of importance: _____

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.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X-14029

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Geoffrey R. 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7299

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. H 21

Primary Registration District No. 5278

Registrar's No.

WENA MORE

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

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Crystal City
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Marion Clewenger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

5 hr 19 min

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

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

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 2/15/41 (Date received local registrar)

(b) J. E. Rutledge (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

DEATH CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 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

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)

(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature John F. Rutledge (M. D. or other)

Address Crystal City Mo. Date signed

SUPPLEMENTARY

