

FILED OCT 13 1943

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1059

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution:
L. 420 South 15th Street
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: in hospital or institution Not (Specify whether
years, months or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 314 North 10th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Rosetta Clevenger

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Clifford Clevenger

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

7. Birth date of deceased January 7 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>5</u>	<u>21</u>	hr. _____ min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Smith

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Shepherd

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Otto V. Baldock

(b) Address 314 No. 10th St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Halter Meierhoffer

(b) Address 1302 Faraon St. Joseph, Mo.

19. (a) 9/30/43 (b) Ure Heizinger
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 28th.
year 1943 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from July 31-43
Sept. 26 1943 to Sept. 26 1943
that I last saw her alive on Sept. 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to Chronic Myocarditis

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy no

Duration

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 W. Ferguson (M.D. or other) DO

Address 801 1/2 Francis Date signed 9-29-43

OCT 13 1945

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 Albert P. Harrington
Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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, fact should be so stated above.