

FILED APR 12 1946

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nevada City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 hrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County VERNON  
(c) City or town NEVADA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 627 So Ash St.  
(If rural, give location)  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sharon Joyce Clevenger

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fem 5. Color or race Wht 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 MARCH 15 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 2 hr. 3 min.

9. Birthplace Nevada MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Kenneth Dyle Clevenger

13. Birthplace HARWOOD MO  
(City, town, or county) (State or foreign country)

14. Maiden name Ruby O'Phillip WAITER

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

16. (a) Informant Mother

(b) Address 627 So Ash St, Nevada

17. (a) Burial (b) Date thereof 3-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harwood Cemetery

18. (a) Signature of funeral director Cliff Maggou

(b) Address Harwood Mo

19. (a) 3-15-46 (b) Ruthyn Jancy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15  
year 1946 hour 8 minute 15 AM

21. I hereby certify that I attended the deceased from 3-15 1946, to 3-15-46 1946;  
that I last saw him alive on 3-15-46 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Intra Cranial Hemorrhage Duration 2 hrs

Due to Delivery

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1600  
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 D

23. Signature Wm. J. Miller (M.D. or D.O.)

Address Nevada Mo Date signed 3-15-46

331

(Licensed Embalmer's Statement on Reverse Side)

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

10003

18  
1  
2

RECEIVED

Form No. 7

Case No. 3-46-343

Date Filed 4-5-46

**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..... Oliver Wagoner

Licensed Embalmer No. 2709

P. O. Address Harwood, 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, fact should be so stated above.