

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27615

FILED SEP 10 1946
383
Registration District No. 383

Primary Registration District No. 565

State File No. _____
Registrar's No. 132

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

1. PLACE OF DEATH:

(a) County Lawrence **RURAL**

(b) City or town Mt. Vernon T.W.N.S.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 685 days
(Specify whether years, months or days)

In this community 685 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll **17**

(c) City or town Norborne **2**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME Aaron Junior Clevenger

3. (b) If veteran, name war No 3. (c) Social Security No. 488-14-3302

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Naomi Ethel Clevenger 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased May 18 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>2</u>	<u>25</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Aaron Clevenger

13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Huskisson

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Aug 12 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norborne Mo.

18. (a) Signature of funeral director J. D. Jorrett

(b) Address Mt. Vernon Mo.

19. (a) 8-15-46 (b) EW Philbrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1946 hour 7:55 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept. 26, 1944 to Aug. 12, 1946
that I last saw h. in alive on Aug. 12th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis **abt. 3 yrs**

Due to _____

Due to _____

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: 132
- 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? **0**

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

23. Signature U. J. Lytham (M. D. or other) **MD**
Address Mt. Vernon, Mo. Date signed 8-12-46

FILED SEP 10 1946

RECEIVED

District Health Officer No. 6, 6-

District File Number 946-930

Date Filed SEP 5 - 1946

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.....

By me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Max L. Fossett

Licensed Embalmer No. 4253

P. O. Address McVernon, 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.