

S. No. 2
OM-5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17355
Registrar's No. 2243

Registration District No. Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: 3200 NORLEDGE AVENUE
I. C. CONVALESCENT HOME
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-DAYS
In this community 35 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 2127 MADDI (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISE E. CLEVENGER
3. (b) If veteran, name war NO
3. (c) Social Security No. NO ONE
4. SEX FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JERRY CLEVENGER
6. (c) Age of husband or wife if alive 6-1862 years (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 20th year 1947 hour 7 minute 20 P. M.
21. I hereby certify that I attended the deceased from May 8, 1947, to May 20, 1947, that I last saw her alive on May 30, 1947, and that death occurred on the day and hour stated above.
Immediate cause of death: Coronary artery disease, severe. Duration

8. AGE: Years 84 Months 11 Days 14 If less than one day hr. min.

9. Birthplace JASPER CO. MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation H. T. HOME

Due to
Due to
Other conditions: Pneumonia, bronchitis, etc. (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business
12. Name JOHN W. FARLOW 9
13. Birthplace UNKNOWN 9
14. Maiden name ELIZABETH JORDAN
15. Birthplace OHIO 1

Major findings: None
Of operations
Of autopsy no 93-2
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. R. B. MINASSIAN
(b) Address 7220 MADISON AVENUE
17. (a) BURIAL (b) Date thereof MAY 22 1947 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLYD.
19. (a) 5-22-47 (Data received local registrar) (b) Geraldine Holme (Registrar's signature)

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 Paul J. Duran (M. D. or other) Address 1025 Riatt Bldg. K.C. Mo. Date signed 5/21/47

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

1025
11:30-5
P. 1319

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 *D. J. Noflinger*

Licensed Embalmer No. *938*

P. O. Address *Kansas 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, fact should be so stated above.