

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 3 1948 49

2661

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether
In this community 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 707 CHERRY ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Tennie Clevenger

3. (b) If veteran, name war NONE

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES M. CLEVINGER

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

7. Birth date of deceased MAY
(Month)

12 1874
(Day) (Year)

8. AGE:

Years 74

Months 0

Days 29

If less than one day
hr. _____ min. _____

9. Birthplace CLAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business NONE

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name NANNIE HARRIS

15. Birthplace CLAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Tennie Clevenger

(b) Address MEXICO MISSOURI KANSAS CITY, MO

17. (a) BURIAL (b) Date thereof JUNE 29, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD UNION CEMETERY

18. (a) Signature of funeral director Lawson - Richardson

(b) Address LAWSON, MISSOURI

19. (a) 6-26-48 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 11th
year 1948 hour 8 minute 28 P.M.

21. I hereby certify that I attended the deceased from May
18, 1948, to 6-11, 1948
that I last saw her alive on 6-11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Congestive heart failure

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93

Of autopsy _____

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) (c) Means of injury _____

23. Signature D. W. ... (M. D. or other) MD
Address Gen. Hosp. #1 Date signed _____

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

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.....

Lindacee K. Jansman, Registered Apprentice No. *88*,
working under my personal supervision.

Signed *E. E. White*

Licensed Embalmer No. *14168*

P. O. Address *Evolution Springs, N.C.*

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.