

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 743

Primary Registration District No. 6237

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Ray County  
(b) City or town Rural, Fishing River Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 mi East of Excelsior Springs  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 46 yrs 2 (Specify whether years, months or days) 415

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 mi East Ex. Sp.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME HATTIE MAUDE CLEVENCE

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife James S. Clevenger 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased 4 14 1877  
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Work

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

MOTHER FATHER  
12. Name Joseph Hightower  
13. Birthplace Ray Co. Mo. D  
(City, town, or county) (State or foreign country)  
14. Maiden name Darinda Sisk  
15. Birthplace Ray, Co. Mo. D  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James S. Clevenger  
(b) Address Ray Co. Mo.

17. (a) Mar 15, 1940 (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Garden

18. (a) Signature of funeral director Robert Hope  
(b) Address Excelsior Springs

19. (a) 3/14/40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th  
year 1940 hour 6 PM minute M.

21. I hereby certify that I attended the deceased from March 10th, 1940 to March 13, 1940; that I last saw her alive on March 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration 18 Mo

Due to General Metastasis

Due to X  
Other conditions X 50  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma with General Metastasis  
Of autopsy None more  
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? Yes  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature John F. Grall (M. D. or other) \_\_\_\_\_  
Address Excelsior Springs Date signed 3/14/40  
Mo Springs

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

Virgil Hope  
working under my personal supervision.

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

Signed.....

Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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, above space should be left blank.**