

17-30
I X21492

Registration District No. **743** Primary Registration District No. **6237** Registrar's No. _____

9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **2**
(a) County **Ray**
(b) City or town **Rural Highway River**
(c) Name of hospital or institution: **1 mi East of Excelsior Springs**
(d) Length of stay: **In hospital or institution** **at home** (Specify whether years, months or days) **76 yrs**

2. USUAL RESIDENCE OF DECEASED: **Ray**
(a) State **MO** (b) County **Lafayette**
(c) City or town **Excelsior Springs Rural**
(d) Street No. **Rural 1 mi East of**
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME **ANNIE LEE CLEVINGER**
(b) If veteran, name war **NO** (c) Social Security No. **NO**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **12** year **1940** hour **6** minutes **30 P.**
21. I hereby certify that I attended the deceased from **Dec 15** 19**37** to **July 12** 19**40** that I last saw h **at** alive on **July 12** 19**40** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Jasper Clevinger** 6. (c) Age of husband or wife if alive **Dead** years
7. Birth date of deceased **July 21** 18**64** (Month) (Day) (Year)

Immediate cause of death **Basal ganglia thrombosis**
Due to **arteriosclerosis**
Due to **arteriosclerosis**
Other conditions **none**
(Include pregnancy within 3 months of death)

8. AGE: Years **76** Months **0** Days **21** If less than one day **x** hr. **x** min.
9. Birthplace **Lafayette MO** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**
11. Industry or business **6**
12. Name **John Trimble**
13. Birthplace **Ray MO**
14. Maiden name **Gather**
15. Birthplace **Lafayette MO**

PHYSICIAN
Major findings: **none**
Of operations: **none**
Of autopsy: **no**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Paul Clevinger**
(b) Address **Excelsior Springs MO**
17. (a) **Burial** (b) Date thereof **7/14/40**
(c) Place: burial or cremation **Excelsior Springs**
18. (a) Signature of funeral director **W. H. ...**
(b) Address **Excelsior Springs**
19. (a) **7/17/40** (b) **W. H. ...**
(Date received local registrar) (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? **057**
While at work? **057** (Specify type of place) (e) Means of injury _____
23. Signature **W. H. ...** (M. D. or other) **!**
Address **Excelsior Springs** Date signed **7-13-40**

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-16-40

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.....

S. W. Adkinsmith

Licensed Embalmer No. 3597

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.