V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36573

FILED DEC 7 1942

Registration District No. 21 | Primary Registration District No. 5050 | Registrar's No. 21

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

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Cato, Star Rt. Mineral (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry
(c) City or town: Cato, Mo. Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 2 miles S. SE of Cato. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Aubry Herschal Clevenger.
3. (b) If veteran, name war: No
3. (c) Social Security No. 493-14-0102
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: .....
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: April (Month) 17 (Day) 1921 (Year)
8. AGE: Years 21 | Months 6 | Days 29 | If less than one day ..... hr. ..... min.
9. Birthplace: Barry County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: .....
FATHER 12. Name: Sherman M. Clevenger.
FATHER 13. Birthplace: Barry County (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Mary Elizabeth Horton.
MOTHER 15. Birthplace: Lebo (City, town, or county) Kansas (State or foreign country)
16. (a) Informant: Sherman M. Clevenger.
(b) Address: Star Route, Cato, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Cilo Cemetery
18. (a) Signature of funeral director: W. D. Koon.
(b) Address: Cassville, Missouri
19. (a) Dec 1, 1942 (Date received local registrar) (b) Mel Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 year 1942 hour 10 minute 30.A M.
21. I hereby certify that I attended the deceased from Sept. 1942 to Nov. 1942 that I last saw him alive on Nov. 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Metastasis — Duration
Due to: Sarcoma
Due to: .....
Other conditions (Include pregnancy within 3 months of death): .....
Major findings: 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? ..... (Specify type of place)
While at work: ..... (e) Means of injury: .....
23. Signature: Glenn H. Dalyer (M. D. ~~or other~~)
Address: Cassville, Mo. Date signed: .....

10 11 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1655
Date Filed DEC 4 1942

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 Jno C Roan, Registered Apprentice No. 338, working under my personal supervision.

Signed John E Myers
Licensed Embalmer No. 3220
P. O. Address Cassville, 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.