. S. No. 2
M—9-4-41
5-17-39
I X2946

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17632

FILED JUN 3 1943

Registration District No. 7 Primary Registration District No. 3012 Registrar's No. 259

24

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community about 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Maple apt
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ester Clevenger

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife William R. Clevenger 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan (Month) 31 (Day) 1887 (Year)

8. AGE: Years 56 Months 2 Days 22 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Mo (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant W R Clevenger
(b) Address Excelsior Springs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sergeb Cemetery

18. (a) Signature of funeral director Calvin Prichard
(b) Address Excelsior Springs Mo

19. (a) 4-26-43 (Date received local registrar) (b) Mrs Leslie Redmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1943 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from April 21 1943 to April 23 1943 that I last saw her alive on April 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2½ days
Due to Arterial Sclerosis
Due to —
Other conditions Morbid Obe
(Include pregnancy within 3 months of death)

Major findings:
Of operations none made
Of autopsy none made

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 John L Drake M.D. (M. D. or other)
Address Excelsior Springs Mo Date signed 4-27-43

1100 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 6-2-43

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 Robert Ray

Licensed Embalmer No. 4182

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, fact should be so stated above.