S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37748

FILED NOV 24 1944

Registration District No. ____ Primary Registration District No. 2000 Registrar's No. 874

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Jail (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 4½ Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Rural · S. Campbell Twp. (If outside city or town limits, write "RURAL")

(d) Street No.: Route # 3 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country ____

3. (a) PRINT FULL NAME: Clarence Clevenger

3. (b) If veteran, name war: No

3. (c) Social Security No.: UNK.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: UNK.

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

7. Birth date of deceased: Dec. (Month) 7 (Day) 1902 (Year)

8. AGE: Years 41 | Months 10 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Christian County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Jockey

11. Industry or business: ____

FATHER
12. Name: Jasper Clevenger
13. Birthplace: Christian County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Eunice Elliott
15. Birthplace: Marshfield (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: J.C. Clevenger
(b) Address: Route # 3, Springdield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: H.H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 11-8-44 (Date received local registrar) (b) O. W. Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5 year 1944 hour 11:00 minute p. M.

21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____; that I last saw h____ alive on ____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide by hanging

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____ 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): Suicide

(b) Date of occurrence: Nov 5, 1944

(c) Where did injury occur? Springfield (City or town) Green (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Springfield City Jail (Specify type of place)

While at work? No (e) Means of injury: Leather belt Hanging by

23. Signature: Murray C. Stone, Coroner (M. D. or other)

Address: Springfield, Mo. Date signed 11-6-44

(Licensed Embalmer's Statement on Reverse Side)

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. Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.