V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 38315

Registration District No. 77 296 Primary Registration District No. 5-2-8-76018 Registrar's No. 143

1. PLACE OF DEATH:

(a) County RAY

(b) City or town RURAL - FISHING RIVER TWSP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6 MILE N.E. EXCELSIOR SPRINGS 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RAY 89

(c) City or town RURAL - FISHING RIVER TWSP. 7
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 2 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME EMMA G. CLEVENGER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

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

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

7. Birth date of deceased JUNE (Month) 26 (Day) 1855 (Year)

8. AGE: Years 90 Months 4 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace RAY COUNTY (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name LOUIS McCROSKRIE
13. Birthplace ..... (City, town, or county) KENTUCKY (State or foreign country) 1

MOTHER
14. Maiden name AMANDA NOWLIN
15. Birthplace ..... (City, town, or county) TENN. (State or foreign country) 1

16. (a) Informant Mrs. Reva Rust
(b) Address Excelsior Springs, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-27-1945 (Month) (Day) (Year)
(c) Place: burial or cremation PISGAH CEMETERY.

18. (a) Signature of funeral director Claude Prichard
(b) Address EXCELSIOR SPRINGS, MO.

19. (a) 12-5-45 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 25TH year 1945 hour 5 minute .05 A.M.

21. I hereby certify that I attended the deceased from Nov. 5, 1945, 19..., to Nov. 25, 1945, 19..., that I last saw her alive on Nov. 24, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	6 days
Due to Influenza	5 days
Due to	
Other conditions Bronchiectasis (Include pregnancy within 3 months of death)	years

Major findings:
Of operations .....
Of autopsy .....

33

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 Thos. F. Cook (M. D. ~~X~~ Xer) 45

Address Richmond, Mo. Date signed 11-26

1490 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 12-11-45

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 E. E. White

Licensed Embalmer No. 4168

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.