S. No. 2
OM—5-43
v. 5-17-39
I X38671

25901

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27059

Registration District No. 147 Primary Registration District No. 1802 Registrar's No. 3538

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 720 E 13th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Do not know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 720 E 13th St 8
(If rural, give location)

(e) Citizen of foreign country? Do not know (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Huey Clevenger

3. (b) If veteran, name war Do not know

3. (c) Social Security No. Do not know

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Do not know

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

7. Birth date of deceased Aug 16 (Month) 1885 (Day) (Year)

8. AGE: Years 60 Months 11 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Labor

11. Industry or business .....

FATHER
12. Name Pitman Clevenger
13. Birthplace mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Emily Loyd
15. Birthplace mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Coroner office
(b) Address K. C. MO

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rule Ray County MO

18. (a) Signature of funeral director Passantino Bros
(b) Address K. C. MO

19. (a) 8-16-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1946 hour 12 minute 40 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 Deputy Coroner Coronary Sclerosis

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death) 94a

Major findings:
Of operations .....
Of autopsy History & Inspection

PHYSICIAN
Underline the cause to which death should be allocated 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? 0
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W. Elpsher (M. D. or other) MD

Address 2800 Main Date signed 8/16/46

(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 T. S. Walton

Licensed Embalmer No. 2744

P. O. Address K.C. 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.