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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33863**  
Registrar's No. **61**

**FILED** OCT 16 1946  
Registration District No. **154**

Primary Registration District No. **5574**

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

1. PLACE OF DEATH:

(a) County **JACKSON**  
(b) City or town **FAIRFAS. CITY** (Rural)  
(c) Name of hospital or institution: **2127 MADDI**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **2.5 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**  
(c) City or town **KANSAS CITY - Rural**  
(d) Street No. **2127 MADDI**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **REV. JERRY CLEVENGER**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NOIVE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ELLA CLEVENGER** 6. (c) Age of husband or wife if alive **84** years

7. Birth date of deceased **JUNE 17 - 1858**  
(Month) (Day) (Year)

8. AGE: Years **88** Months **3** Days **17** If less than one day hr. min.

9. Birthplace **ATCHINSON CO MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **MINISTER NAZARENE CHURCH**

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name **ELIAS CLEVENGER**  
13. Birthplace **UNKNOWN**  
14. Maiden name **UNKNOWN**  
15. Birthplace **UNKNOWN**

16. (a) Informant **MRS. ELLA CLEVENGER**

(b) Address **2127 MADDI, K.C., MO**

17. (a) **Burial** (b) Date thereof **OCT. 5, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **N. H. Newcomer, Sons**  
(b) Address **1401 Brush Creek Blvd.**

19. (a) **Oct. 5-46** (b) **Dr. Annie B. Hodges**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **4th**  
year **1946** hour **1** minute **35 A.** M.

21. I hereby certify that I attended the deceased from **Sept. 27 1946** to **Oct. 4 1946**  
that I last saw him alive on **Sept. 27 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to **Sen.-Ludis Vasculor disease**  
**ad age - asthma**  
**gastro**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **31A**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **II**

23. Signature **Dr. Annie B. Hodges** (M. D. or other) \_\_\_\_\_  
Address **802 N. 1st** Date signed **10/4/46**

OCT 29 1948

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 *Melvin Miller*  
Licensed Embalmer No. *4407*  
P. O. Address *Kansas City, 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.