

S. No. 2
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Rev. 5-17-39
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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. **38561**

FILED DEC 9 1947
Registration District No. **746**

Primary Registration District No. **5568**

Registrar's No. **354**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1743 Laurel
(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)
5 Days.

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Thomas Clevenger

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male **5. Color or** White **6. (a) Single, widowed, married,** Married
race White divorced _____

6. (b) Name of husband or wife Mary R. Clevenger **6. (c) Age of husband or wife if** 72
alive _____ years

7. Birth date of deceased June 25, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Retired R.R. Man

11. Industry or business Burlington R.R.

MOTHER FATHER

12. Name George James Clevenger

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Charity Ellen Logsdon
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Grace M. McNurlin

(b) Address 1743 Laurel K.C. Mo.

17. (a) Removal Removal **(b) Date thereof** 11-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield, Missouri

18. (a) Signature of funeral director Dubin K. Repley

(b) Address Independence, Missouri

19. (a) 11-30-47 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. 423 South Caldwell Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1947 hour 12 minute 5 P. M.

21. I hereby certify that I attended the deceased from Nov 20, 1947, to Nov 27, 1947
that I last saw h_____ alive on Nov 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration Nov 1-47

Due to Hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

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 R. L. St. Clair (M. D. or other) _____

Address 5242 S. Elm Date signed 11-28-47

K.C. Mo.

JAN 13 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.....

Dixon L. Kelsey

Licensed Embalmer No. 4225.....

P. O. Address Independence, Missouri.

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.