No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

193

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 147

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours (Specify whether
In this community 20 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 702 S. 10th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Opal Etta Clevenger
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Clevenger
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased May (Month) 8 (Day) 1913 (Year)

8. AGE:	Years	Months	Days	If less than one day
	34	8	24	hr. min.

9. Birthplace Marceline (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Thomas Edgar
13. Birthplace Brookfield (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Nellie Hayes
15. Birthplace Marceline (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Fred Clevenger
(b) Address 702 S.10th St.,St.Joseph,Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr.4,1948. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St.,St.Joseph,Mo.
19. (a) 2-5-48 (Date received local registrar) (b) E C Jenkins (Registrar's signature) 3822

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd year 1948 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 1947 to Feb 2 1948 that I last saw her alive on Feb 1 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embalism	2 days
Due to Endocarditis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83 B

PHYSICIAN
Underline the cause of 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 0

23. Signature J M Allaman (M. D. ~~or other~~)
Address P & S Bldg St. Joseph, Mo. Date signed 3/2/48

Jefferson City Printing Co. (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.....Albert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address.....St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.