

No. 2
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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. 5872
Registrar's No. 1

FILED FEB 20 1948

Registration District No. 276

Primary Registration District No. 6018

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

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural, Fishing River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 6 miles S.E. Excelsior Spr. Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELLEN CLEVINGER
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 14
year 1948 hour 5:20 minute A M.
21. I hereby certify that I attended the deceased from May 7, 1946
to Jan. 14, 1948
that I last saw h. er alive on Dec. 24, 1947
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. D. Clevenger
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased March 30, 1880
(Month) (Day) (Year)

Immediate cause of death Arterial sclerosis, anemia, Parkinsons disease
Duration 3 yrs.
Due to " " " "
Due to " " " "
Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
67 9 14 hr. min.

9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Robert Hutchings

13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Wallace

15. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James D. Clevenger

(b) Address RFD #2, Excelsior Springs, Mo.

17. (a) Burial (b) Date thereof Jan. 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enon Cemetery

18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri

19. (a) Helen Davis 1-16-48
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations None made
Of autopsy None made

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) X
(b) Date of occurrence _____ X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X
While at work? X (Specify type of place) (e) Means of injury X
23. Signature John F. Grace (M. D. or other) M.D.
Address Excelsior Springs, Mo. Date signed 1-14-48

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 2-19-48

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 _____

Lindsey K. Garrison, Registered Apprentice No. 88
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.