

FILED 1948 8 1946

Registration District No. 6018

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Ross
(b) City or town Rural, Orrick Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 miles West of North, Orrick, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 71 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ross
(c) City or town 7 miles North West Orrick, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles North West Orrick, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERT GLEVENGER

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Montana Belle Clevenger 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased April 7 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 4 4 hr. min.

9. Birthplace Ross Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jessie Clevenger

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

14. Maiden name Rhodes Goode

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

16. (a) Informant Elwood Mills

(b) Address Route 1 Orrick, Mo.

17. (a) Burial (b) Date thereof Aug. 15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery, Ross Co.

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs, Mo.

19. (a) Aug 17/45 (b) M. G. Simpson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11th
year 1945 hour 7:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 5 - 1945, 1945, to August 11, 1945
that I last saw him alive on Aug 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration Sudden
Due to Hypertension & Arterial Sclerosis several years
Due to _____

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

Major findings: Of operations _____
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) _____
(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) _____
Means of injury _____

23. Signature John G. Trapp M.D. or other _____
Address Excelsior Springs, Mo. Date signed 8/15/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-7-46

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.