

No. 2
9-4-41
5-17-39
X2842

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21107
Registrar's No. 48

FILED JUL 14 1943 73

Registration District No. _____ Primary Registration District No. 5291

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty - School Camp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Odd Fellow Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 4 Months
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay ²⁴
(c) City or town Excelsior Spgs,
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ D

3. (a) PRINT FULL NAME Charles Milton Clevenger

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. _____

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced. M /

6. (b) Name of husband or wife Bessie Rose Clevenger 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 17, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 8 27 hr. min.

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

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Ananias Clevenger

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

14. Maiden name Betty Lillier

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

16. (a) Informant Bessie B Clevenger
(b) Address Excelsior Springs, Missouri

17. (a) Burial (b) Date thereof 5/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Crown Hill

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

19. (a) June 15 '43 (b) Helen Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th
year 1943 hour 11/11 minute A M.

21. I hereby certify that I attended the deceased from February, 1943, to June, 1943
that I last saw him alive on June 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Senile Demetia

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
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)
(c) Means of injury _____
23. Signature Burt Mathey by Blake Forsha (M. D. or other) A-N
Address Liberty Mo. Date signed 6-15-43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-13-43

Faint handwritten notes and stamps, including "A" and "EMBALMENT".

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.....

Robert Ray

Licensed Embalmer No.....

4182

P. O. Address.....

Excelsior Spgs, M

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.