

Registration District No. **198**

Primary Registration District No. **3011**

1. PLACE OF DEATH:

(a) County **CLAY**
(b) City or town **EXCELSIOR SPRINGS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **507 South 1 St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no** (Specify whether
In this community **35 yrs.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CLAY**
(c) City or town **EXCELSIOR SPRINGS**
(If outside city or town limits, write "RURAL")
(d) Street No. **507 SOUTH ST.** (If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **CLAUDE CLEVINGER**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **495-10-9945**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **NORA CLEVINGER** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **DECEMBER 16 1905**
(Month) (Day) (Year)

8. AGE: Years **35** Months **1** Days **1** If less than one day hr. min.

9. Birthplace **RAY CO. MO. U**
(City, town, or county) (State or foreign country)

10. Usual occupation **MECHANIC**

11. Industry or business

12. Name **HUGH CLEVINGER**

13. Birthplace **RAY Co MO. D**
(City, town, or county) (State or foreign country)

14. Maiden name **TRIXIE CRORK**

15. Birthplace **RAY Co MO. D**
(City, town, or county) (State or foreign country)

16. (a) Informant **Max Nora Clevenger**

(b) Address **Excelsior Springs Mo.**

17. (a) **BURIAL** (b) Date thereof **1-19-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW GARDEN**

18. (a) Signature of funeral director **Herbert Hope**

(b) Address **Excelsior Springs Mo.**

19. (a) **1-21-41** (b) **Thos Red McCracken**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **17** year **1941** hour **4:00** minute **0** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration

Due to _____

Due to **94 W**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Coronary Thrombosis**

(b) Date of occurrence **Jan. 17th 1941**

(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? **chevrolet garage**

While at work? **yes** (Specify type of place) _____ (e) Means of injury **Coronary**

23. Signature **Herbert Hope** (M. D. or other) _____

Address **Excelsior Springs Mo.** Date signed **1-28-41**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 1 1953

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..... *Scott W. Hochensmit*

Licensed Embalmer No. *3597*

P. O. Address *Excelsior Springs*

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

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