

**FILED** DEC 12 1945

Registration District No. 77 296

Primary Registration District No. 52876018

Registrar's No. 143

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:  
6 MILE N.E. EXCELSIOR SPRINGS 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) LIFETIME

3. (a) PRINT FULL NAME EMMA G. CLEVINGER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JUNE 26 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90	4	29	hr. min.
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9. Birthplace RAY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name LOUIS Mc CROSKIE

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

14. Maiden name AMANDA NOWLIN

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

16. (a) Informant Mrs. Rena Peist

(b) Address Excelsior Springs, Mo.

17. (a) BURIAL (b) Date thereof 11-27-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PISGAN CEMETERY.

18. (a) Signature of funeral director Maude Richard

(b) Address EXCELSIOR SPRINGS, MO.

19. (a) 12-5-45 (b) Caroline Hutchings  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County RAY 89

(c) City or town RURAL - FISHING RIVER TWP.?  
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D. # 2  
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 25<sup>TH</sup>  
year 1945 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from Nov. 5, 1945  
to Nov. 25, 1945  
that I last saw her alive on Nov. 24, 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Bronchopneumonia 6 days

Due to Influenza 5 days

Due to \_\_\_\_\_

Other conditions Bronchiectasis years

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(a) Means of injury \_\_\_\_\_

23. Signature Howe J. ... (M. D. or other) 49

Address Richmond, Mo. Date signed 11-26

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

12-11-45

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 \_\_\_\_\_

*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.**