S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3173

Registration District No. 261 Primary Registration District No. 6019 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural, Fishing River (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 Miles East Excelsior Springs (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether years, months or days)
In this community All His Life

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. 3 miles East Excelsior Springs (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GORDON CLEVENGER

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

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

6. (b) Name of husband or wife Rebecca Jane Clevenger 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug. 18th 1853 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
91	5	16	hr. min.

9. Birthplace Ray, Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Clevenger
13. Birthplace ? (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Nancy McCorkle
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Andrew Clevenger
(b) Address Excelsior Springs.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7, 45 (Month) (Day) (Year)
(c) Place: burial or cremation New Garden Cemetery

18. (a) Signature of funeral director Herbert Hope
(b) Address Excelsior Springs, Mo.

19. (a) 1/10/45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1945 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from October 9, 1942 to January 4, 1945 that I last saw him alive on January 2, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis, cystitis, prostatitis — Duration several yrs

Due to

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. R. McCracken M.D. (M. D. or other)
Address Excelsior Spgs Date signed 1/5/45

1228 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 2-2-45

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.