

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 743

Primary Registration District No. 6237

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Ray County
(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:
3 mi. East of Ecclesiac Springs
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 46 yrs 2 (Specify whether years, months or days)

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 mi East. Sp.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME HATTIE MAUDE CLEVENGER

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James S. Clevenger 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 4 (Month) 14 (Day) 1877 (Year)

8. AGE: Years 62 Months 10 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation: House Work

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Hightower
13. Birthplace Ray Co. Mo. D
(City, town, or county) (State or foreign country)
14. Maiden name Darinda Dick
15. Birthplace Ray Co. Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James S. Clevenger
(b) Address Ray Co. Mo.

17. (a) Mar. 15, 1940 (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation New Garden

18. (a) Signature of funeral director Robert Hope
(b) Address Ecclesiac Springs

19. (a) 3/14/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1940 hour 6 PM minute _____ M.

21. I hereby certify that I attended the deceased from March 10th 1940 to March 13, 40; that I last saw her alive on March 12 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration 18 Mo

Due to General Metastasis

Due to X

Other conditions L 50
(Include pregnancy within 5 months of death)

Major findings: Carcinoma with General Metastasis
Of autopsy None more
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? 257

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

23. Signature John F. Grace (M. D. or other) _____
Address Ecclesiac Springs Date signed 3/14/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

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.....

Virgil Hope
.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Virgil Hope
.....

Licensed Embalmer No. *3950*

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, above space should be left blank.