

REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14354
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 198
(b) Township Trinity River Primary Registration District No. 5011 Registered No. 46
(c) City Excelsior Springs Mo (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jerome M. Cleverger

(a) Residence, No. 728 Old Orchard St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Bellona Frakes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-15-1851

7. AGE YEARS 87 MONTHS 0 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn

FATHER 13. NAME Allen Clevergers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn

MOTHER 15. MAIDEN NAME Susan Hightower

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn

17. INFORMANT (ADDRESS) Allen Cleverger Missouri Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Dillon Cemetery DATE 4-5-38 19.

19. FUNERAL DIRECTOR (ADDRESS) C. H. Gibson Orrick Mo.

20. FILED Apr 5 1938 Louisa M. Frakes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1938 to April 3, 1938
I last saw him alive on April 3, 1938 Death is said to have occurred on the date stated above, at 11:20 P.m.

The principal cause of death and related causes of importance were as follows:

(Dry) Gangrene of left foot Date of onset Feb 10 1938

Other contributory causes of importance: arteriosclerosis

Name of operation none performed Date of _____
What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) S. M. Craker M. D.
Excelsior Springs Mo (Address) 180

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.

STATEMENT BY LICENSED EMBALMER

I, C. V. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed C. V. Gibson

Licensed Embalmer No. 2299

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.)