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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5872**  
Registrar's No. **1**

FILED FEB 20 1948

Registration District No. **276**

Primary Registration District No. **6018**

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: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None** (Specify whether  
In this community **Lifetime** 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. **6 miles S.E. Excelsior Spr. Mo.** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MARY ELLEN CLEVINGER**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **J. D. Clevenger** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **March 30, 1880** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67 9 14** hr. min.

9. Birthplace **Ray County Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Robert Hutchings**  
13. Birthplace **Ray County Missouri** (City, town, or county) (State or foreign country)  
14. Maiden name **Martha Wallace**  
15. Birthplace **Ray County Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **James D. Clevenger**

(b) Address **RFD #2, Excelsior Springs, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 16, 1948** (Month) (Day) (Year)

(c) Place: burial or cremation **Enon Cemetery**

18. (a) Signature of funeral director **Claude Prichard**

(b) Address **Excelsior Springs, Missouri**

19. (a) **Helen [Signature]** (b) **1-16-48** (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January**, day **14**  
year **1948** hour **5:20** minute **A** M.

21. I hereby certify that I attended the deceased from **May 7, 1946**  
to **Jan. 14, 1948**  
that I last saw h. **er** alive on **Dec. 24, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterial sclerosis, anemia, Parkinsons disease**  
Duration **3 yrs.**

Due to " " " " " "

Other conditions **None** (Include pregnancy within 3 months of death)

Major findings: Of operations **None made**  
Of autopsy **None made**

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) **X**

(b) Date of occurrence **X**

(c) Where did injury occur? **X** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **X**

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

23. Signature **John F. Grace** (M. D. or other) **M.D.**

Address **Excelsior Springs, Mo.** Date signed **1-14-48**

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

RECEIVED

District Health Officer No. 8

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

Date Filed 2-19-48

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 \_\_\_\_\_

Lindsey K. Garman, Registered Apprentice No. 88  
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.