

FILED JUN 3 1943

Registration District No. 7

Primary Registration District No. 3012

Registrar's No. 259

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

1. PLACE OF BIRTH:

(a) County Clay

(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Excelsior Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community about 12 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. Maple apt  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME Mary Ester Clevenger

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 1m

6. (b) Name of husband or wife William R. Clevenger 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan 31 1887  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>56</u> | <u>2</u> | <u>22</u> | hr. min.             |

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant W R Clevenger  
(b) Address Excelsior Springs

17. (a) Burial (b) Date thereof 4-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seaside Cemetery

18. (a) Signature of funeral director Colander  
(b) Address Excelsior Springs Mo

19. (a) 4-26-43 (b) Mrs. Madeline Redman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd  
year 1943 hour 8 minute 35P. M.

21. I hereby certify that I attended the deceased from April 21 1943 to April 23 1943  
that I last saw him alive on April 23 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
2 1/2 days

Due to arterial sclerosis

Due to —

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none made  
Of autopsy none made

Duration  
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?

23. Signature John L. Free M.D. or other  
Address Excelsior Springs Mo Date signed 4/26/43

RECEIVED

District Health Officer No. 8,

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

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

6-2-43

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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 \_\_\_\_\_

*Robert Ray*

Licensed Embalmer No. \_\_\_\_\_

4192

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.