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1-8-43
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

3395

State File No.

FILED FEB 17 1946

Registration District No. 227

Primary Registration District No. 5796

Registrar's No. 42

1. PLACE OF DEATH:

(a) County: Moniteau

(b) City or town: Walker rural Walker

(c) Name of hospital or institution: 2 mi. north of California, Mo.!

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Moniteau

(c) City or town: rural

(d) Street No.: 2 mi. north of California

(e) Citizen of foreign country? No

If yes, name country _____

3. (a) PRINT FULL NAME: ALICE CLEVIN

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

4. Sex: female 5. Color or race: white 6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband: Leitrich Nicholas Clevin 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Sept. 2 1861

8. AGE: Years 84 Months 4 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace: Zuceraswas Ohio

10. Usual occupation: housewife

11. Industry or business _____

12. Name: John Lehr

13. Birthplace: Germany

14. Maiden name: Martha

15. Birthplace: Germany

16. (a) Informant: Max Gess

(b) Address: California Mo.

17. (a) burial (b) Date thereof: Jan 31 1946

(c) Place: burial or cremation: Rehbach Cemetery

18. (a) Signature of funeral director: A. E. Wilson

(b) Address: California Mo.

19. (a) 1-31-46 (b) H.R. Poppinga M.D.

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1946 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 28 1946 to Jan 29 1946 that I last saw her alive on Jan 29 1946 and that death occurred on the date and hour stated above

Immediate cause of death: Coronary Thrombosis

Due to _____

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: gta

Of operations _____

Of autopsy _____

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? _____

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

23. Signature: [Signature] (M.D. or other) DO

Address: California, Mo. Date signed: 1/31/46

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 2-11-46

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 A. E. Wilson
Licensed Embalmer No. 2351
P. O. Address California, 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.