

JAN 13 1940

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

42454
Do not use this space.

4863

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 4863
 (c) City Kansas City (d) Street No. 336 Belmont St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Wara Sporna Cleveland
 (a) Residence, No. 336 Belmont Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Chas J. Cleveland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1867

7. AGE YEARS 72 MONTHS 5 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN)..... Corona (STATE OR COUNTRY) Pennsylvania

FATHER 13. NAME Milton Maffitt

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

MOTHER 15. MAIDEN NAME Martha Stone

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

17. INFORMANT Earl Cleveland (ADDRESS) 2006 Home Independence

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Zion DATE Dec. 29, 1939

19. FUNERAL DIRECTOR (NAME) Leato and Speaks (ADDRESS) Independence, Mo

20. FILED Dec. 26, 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1938, to Dec 24 - 39
 I last saw h. h. alive on Dec 24, 1939 Death is said to have occurred on the date stated above, at 5:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Regurgitation Date of onset 1937

Other contributory causes of importance:
9202

Name of operation..... Date of.....
 What test confirmed diagnosis? Arteries 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?..... (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) R. L. St. Clair, M. D.
 (Address) 522 E. 28th St. St. Louis

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed Roland Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.