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13-40
17-39
X23159

Draper 28212
State File No. _____
Registrar's No. _____

FILED SEP 3 1944 83
Registration District No. _____

Primary Registration District No. 5402467

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

1. PLACE OF DEATH:

(a) County Douglas

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

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

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

In this community _____ years, months or days _____

3. (a) PRINT FULL NAME John L. Cleveland

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Cleveland 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 7 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 4 6 hr. min.

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

10. Usual occupation Trucking

11. Industry or business _____

12. Name Rena Cleveland

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

14. Maiden name Mae Ann Grater

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

16. (a) Informant Margaret Cleveland
(b) Address Cardwell Mo

17. (a) _____ (b) Date thereof July 14 1944
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director J. E. Emerson
(b) Address Paragould Ark

19. (a) 8-28-44 (b) J. E. Emerson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Douglas

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1944 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on 7-13 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to 130

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

Major findings: Of operations _____

Of autopsy _____

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 W. P. English (M. D. or other) D
Address Cardwell, Mo Date signed _____

0350
Duration 7 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office

District File Number 941-1

Date Filed 9/2/4

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.....

Licensed Embalmer No.....

P. O. Address.....

-Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.