

FILED MAR 18 1942

Registration District No. _____

Primary Registration District No. 4463-

Registrar's No. 6

1. PLACE OF DEATH:
 (a) County St Francois
 (b) City or town Flax River
 (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 30 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St Francois
 (c) City or town Flax River
 (If outside city or town limits, write "RURAL")
 (d) Street No. 616 2d Main St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BERT C. CLEVELAND
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 2 day 21
 year 1942 hour 6 minute 0 M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hellie B. Reed
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased: 7 (Month) 5 (Day) 1882 (Year)

21. I hereby certify that I attended the deceased from Aug 1941 to Feb 21 1942
 that I last saw him alive on 7/20 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
59 7 16 — hr. — min.

Immediate cause of death Coronary Heart Disease Duration _____
 Due to Hypertension

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

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 94 a

10. Usual occupation Contractor

Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Robert J. Cleveland
 13. Birthplace Ste Genevieve Co. Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Berger
 15. Birthplace Montgomery Co. Ky
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mr. Bert C. Cleveland
 (b) Address Flax River, Mo

While at work? _____ (Specify type of place)
 (a) Means of injury 0

17. (a) Burial (b) Date thereof 2-23-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation 1067. 10th Ave. Mo.

23. Signature C. H. Appleberry (M. D. or other) MD
 Address Flax River Mo Date signed 2.21.42

18. (a) Signature of funeral director Maiden Sun Home
 (b) Address Farmington Mo
 19. (a) 2-23-42 (b) Byrdie S. Burkmaster
 (Date received local registrar) (Registrar's signature)

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

4
5
2

Handwritten initials

RECEIVED

District Health Officer No. 4
District File Number 342-297
Date Filed 3-11-42

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 Johanna Anderson
Licensed Embalmer No. 2238
P. O. Address Farmington

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.