

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
The McCormick Hospital  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 520 Porter  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME John Burnell Cleaver

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 Single

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

7. Birth date of deceased. Apr 28<sup>th</sup> 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 2 24 ..hr. ..min.

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

10. Usual occupation laborer

11. Industry or business.....

12. Name Edward H Cleaver

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

14. Maiden name Gertrude F Dille

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

16. (a) Informant Mrs Chas. R. Perrin

(b) Address Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24<sup>th</sup> 43  
(Monthly) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly Mo

19. (a) 7-24-43 (b) Erna Nave  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22<sup>nd</sup>  
year 1943 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 10  
..... 1943 to July 22..... 1943  
that I last saw him alive on July 23<sup>rd</sup>..... 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock due to taking morphine away.

Due to G. B. of spine..... 38 yrs

Due to Taken morphine 6 gr. a day for several months.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 Dr. L. M. Carmichael (M. D. or other) MD  
Address Moberly Mo Date signed 7-24-43

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

88  
696

88  
693

1036

AUG 3 1943

RECEIVED

District Health Officer No. 10

District File Number 7-43-1165

Date Filed JUL 30 1943

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 Frank B. De Witt

Licensed Embalmer No. 3021

P. O. Address. Nobility, 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.