

S. No. 2  
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57-39  
21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37975**

FILED DEC 11 1943  
Registration District No. **37**

Primary Registration District No. **4096**

Registrar's No. **199**

900

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

1. PLACE OF DEATH: **Cass**  
(a) County **Cass**  
(b) City or town **Freeman**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Cass** **019**  
(c) City or town **Freeman** **0**  
(If outside city or town limits, write "RURAL") **0**

(If not in hospital or institution, write street number or location)  
(d) Length of stay: **In hospital or institution** **1**  
(Specify whether) **19 yr.**  
In this community **19 yr.**  
years, months or days)

(d) Street No. \_\_\_\_\_ (If rural, give location) **0**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **DOROTHY LILLIAN CLEVELAND**  
(b) If veteran, name war **✓**  
(c) Social Security No. **493223-9555**

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month **Nov** day **25**  
year **1943** hour **8:35** minute **P** M.

4. Sex **Female** 5. Color of race **White**  
6. (a) Single, widowed, married, divorced **Single**  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_, alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased **July 25 1924**  
(Month) (Day) (Year)

Immediate cause of death **Tuberculosis** Duration \_\_\_\_\_  
**She had a collapse of**  
**lung caused by**  
**due to blood poisoning. Probably**  
**due to heart.**

8. AGE: Years **19** Months **4** Days **0**  
If less than one day \_\_\_\_\_ yr. \_\_\_\_\_ min.

9. Birthplace **Freeman Mo. 0**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **13 ft**

10. Usual occupation **Secretary**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **DR Cleveland**  
13. Birthplace **Wisconsin**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margaret Schmycher**  
15. Birthplace **Illinois** **Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **B. Cleveland**  
(b) Address **Freeman, Mo.**

17. (a) **Burial** (b) Date thereof **Nov 29 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Freeman Mo.**

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? \_\_\_\_\_

18. (a) Signature of funeral director **RUNNENBURGER'S**  
(b) Address **HARRISONVILLE, MO.**

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

19. (a) **Nov. 28, 1943** (b) **Margaret Talle**  
(Date received local registrar) (Registrar's signature)

23. Signature **E. W. Luff** (M.D. or other) \_\_\_\_\_  
Address **Harrisonville** Date signed **Nov 27 1943**

JAN 2 01944

UNRECORDED

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 Ernest R. Zimmerman

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.