

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(c) Name of hospital or institution: St. Francis hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 17 days 17 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George William Cleveland
3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 495-01-6059

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Cleveland 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased: Nov. 1 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months _____ Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Wholesale grocery clerk

11. Industry or business _____

12. Name William A. Cleveland

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

14. Maiden name Beetra Dome
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mary Cleveland

(b) Address Maryville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Pia Funeral Home

(b) Address Maryville Mo.

19. (a) Nov. 16 - 43 (Date received local registrar) (b) Quay Barbre (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(d) Street No. 821 East 3rd 2
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1943 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 8
_____ 1943, to Nov 8 1943
that I last saw him alive on Nov 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Central Nervous System
Duration _____

Due to Fall on ice, head injury

Due to _____

Other conditions 1962
(Include pregnancy within 3 months of death)

Major findings: 39
Of operations _____
Of autopsy _____

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) accident 074

(b) Date of occurrence Nov 8 - 1943

(c) Where did injury occur? Maryville Mod. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
About 2 Maryville Mo

While at work? yes (Specify type of place) (e) Means of injury fall

23. Signature M. M. Hallis (M. D. or other) MO

Address Maryville, Mo Date signed 11-12-43

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

2
-43
-39
135697

NOV 29 1948
NOV 24 1948

6785 2 530

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..... *Clara M. Pisci*

Licensed Embalmer No. *1822*

P. O. Address *Manville, 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.