

FILED DEC 13 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39267

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 324
(b) Township Marshall Primary Registration District No. 293 Registered No. 216
(c) City..... (d) Street No. Missouri State School St. 2
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 18 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

WILLIAM CLEVELAND

(a) Residence, No. Mc Donald County St. (If nonresident, give city or town and State) 0
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Probably 1901
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stableman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) May 1943 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Probably Gentry County Missouri

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Kate Cleveland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Missouri State School Records
(ADDRESS) Marshall mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE mo state school DATE Nov 8 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Don B. Lantz Marshall mo

20. FILED Nov 9 1943 mo 10. Westmore
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5th 194322. I HEREBY CERTIFY, That I attended deceased from May 15, 1942, to November 5, 1943I last saw him alive on November 4th, 1943. Death is saidto have occurred on the date stated above, at 12.35 m A

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis of Several years duration

Date of onset

Other contributory causes of importance:

High grade Idiot

Name of operation..... Date of.....
What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) Palmer Rossius Bowditch, M. D.(Address) Missouri State School

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Sanit Health Officer No. 8,
District File Number _____
Date Filed 12-10-43

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 Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.