

FILED JAN 10 1944
Registration District No. **188**

Primary Registration District No. **5700**

Registrar's No. **10**

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

1. PLACE OF DEATH:

(a) County **LIVINGSTON**

(b) City or town **Bedford - Grand River twp.**
(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 **59 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LIVINGSTON**

(c) City or town **Bedford - Grand River twp.**
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ALEXANDER CLEVELAND**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Male** 5. Color or Race **W**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **wife** 6. (c) Age of husband or wife if **75** years

7. Birth date of deceased **April 4 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	8	6 hr. min.

9. Birthplace **Adams County ILL.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer - resident**

11. Industry or business.....

12. Name **Erza Cleveland**

13. Birthplace **York State N.Y.**
(City, town, or county) (State or foreign country)

14. Maiden name **Dorinda Hunsaker**

15. Birthplace **Adams County ILL.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorinda Scott**

(b) Address **Chillicothe Mo**

17. (a) **Burial** (b) Date thereof **Dec 13 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wheeling Cemetery**

18. (a) Signature of funeral director **F. L. Smiley**

(b) Address **Wheeling Mo**

19. (a) **Dec 13 1943** (b) **Mrs Van Fullerton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **10th**
year **1943** hour **10 pm** minute..... M.

21. I hereby certify that I attended the deceased from **Nov 12**
..... 1943 to **Nov 10** 1943
that I last saw **alive on Nov 9** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** *1 hr*
Due to **Coronary heart disease** *5 yrs*
arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) Manner of injury.....

23. Signature **F. L. Smiley** (M. D. or other).....
Address **Chillicothe Mo** Date signed **12/11/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1001

FEB 1 1944

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 Frank L Smiley.....
Licensed Embalmer No. 470.....
P. O. Address Whiting, 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.