

V. S. No. 2
 OOM-5-43
 Rev. 5-17-39
 I X36671

FILED FEB 18 1944

Registration District No. Primary Registration District No. 1802 Registrar's No.

1. PLACE OF DEATH:
 (a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 2610 AGNES AVENUE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 33 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2610 AGNES AVENUE
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MISS LILLIE MAY CLEVELAND
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month FEB day 4TH
 year 1944 hour 3 minute 00 A.M.
 21. I hereby certify that I attended the deceased from Jan 21
 1944 to Feb 4 1944
 that I last saw her alive on Jan 31 1944
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 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

Immediate cause of death: Bronchial pneumonia 6 days
 Due to: hypertensive heart disease year
 Due to: arteriosclerosis year

7. Birth date of deceased: AUGUST 30 - 1865
 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 54 hr. min.

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

10. Usual occupation: GROCER
 24th & Chestnut

11. Industry or business: John CLEVELAND

12. Name: John CLEVELAND
 13. Birthplace: Uniontown
 (City, town, or county) (State or foreign country)

14. Maiden name: Mariah Platt
 15. Birthplace: Michigan
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Edith Beebe
 (b) Address: 2610 Agnes Ave.
 17. (a) BURIAL (b) Date thereof: FEB 5 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: FOREST HILL CEM.
 18. (a) Signature of funeral director: W. H. Newcomer's Sons
 (b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 2-5-44 (b) T. E. Brown
 (Date received local registrar) (Registrar's signature)

Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy: 93d

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) Means of injury _____
 23. Signature: John C. Brown (M. D. or other) 144
 Address: 1102 Second Avenue Date signed: 2-8-44

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

361

1482 Bryant Rd.
2.6

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 M. Culbourn

Licensed Embalmer No.

3506

P. O. Address

Ke 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.