S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27316

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 854

11
1
7

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 3009 Messanie St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert G. Van Cleave

3. (b) If veteran, name war no
3. (c) Social Security No. —

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased September 9, 1878 (Month) (Day) (Year)

8. AGE: Years 65 | Months 11 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Dairyman
11. Industry or business Williams Dairy

FATHER
12. Name Jesse Van Cleave
13. Birthplace Andrew County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Archdeakin
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Mooney
(b) Address 3009 Messanie St. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery
18. (a) Signature of funeral director Barry Funeral Home
(b) Address 224 South 10th St, St. Joseph, Mo.
19. (a) 8/16/44 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 12
year 1944 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from 12/29/43, 19__, to 8/12/44, 19__;
that I last saw him alive on 8/12/44, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolus	few hrs
Due to: Intraventricular clot	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Heart Disease, Arteriosclerotic.	

Major findings:
Of operations
Of autopsy

93d

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

23. Signature H W Earle (M. D. or other)
Address St. Joseph, Mo. Date signed 8-14-44

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(Licensed Embalmer's Statement on Reverse Side)

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 Mollie E. Siedenfaden Fox

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.