S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED NOV 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34193

Registration District No. 98 Primary Registration District No. 5358 Registrar's No. 99

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Rural - Colfax township.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Colfax township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 4 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Colfax Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME FLORA BELLE CLEAVER
3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife R H Cleaver
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV (Month) 30 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
72	10	29	hr. min.

9. Birthplace De Kalb Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Jasper Wamsley
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Susan E. Ward
15. Birthplace De Kalb (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Ralph Cleaver
(b) Address Daviess Co. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 31 (Day) 44 (Year)
(c) Place: burial or cremation Wamsley Cemetery
18. (a) Signature of funeral director Roland Funeral Home
(b) Address Cameron
19. (a) 10/30/1944 (Date received local registrar) (b) L. O. Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1944 hour 7:05 A minute M.
21. I hereby certify that I attended the deceased from October 5, 1944 to October 29, 1944; that I last saw her alive on October 24, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis. — Duration Several years.
Due to
Due to
Other conditions Bronchial Pneumonia (Include pregnancy within 3 months of death) — 10 days

Major findings:
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)
(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 Fred K. Williams (M. D. or Coroner)
Address Winston, Missouri Date signed 10-30-44

1084

(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.....

Licensed Embalmer No. 3960

P. O. Address Newsville 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.