

FILED NOV 26 1946  
Registration District No. 213

Primary Registration District No. 3051

State File No. \_\_\_\_\_  
Registrar's No. 78

1. PLACE OF DEATH:

(a) County Perry Perryville  
(b) City or town Perryville  
(c) Name of hospital or institution: 401 Waters St., 1  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry 79  
(c) City or town Perryville 1  
(d) Street No. 401 Waters St., 1  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Curtis Henry Cleveland

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-28-1897

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ira Miller 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased August 28, 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>2</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Ste. Genevieve County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation State Highway Worker

11. Industry or business \_\_\_\_\_

12. Name Thomas J. Cleveland

13. Birthplace Ste. Genevieve County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Lufkin

15. Birthplace Perry County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mad. Ira Cleveland

(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof 11-16-1946  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Hope Cemetery

18. (a) Signature of burial director Ben Mineral Home  
(b) Address Perryville, Mo.

19. (a) 11-15-46 (b) Joe J. Walker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14<sup>th</sup>  
year 1946 hour 3:00 minute \_\_\_\_\_ P., M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure  
Due to stress by exertion on a  
Pachygyrus heart  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy aut

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Natural  
(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) (a) Means of injury 21

23. Signature Ch Wiedeman (M. D. or other) DO  
Address Perryville, Mo. Date signed 11-14-46

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

MOTHER FATHER

250

(Licensed Embalmer's Statement on Reverse Side)

Clerical of Perry County, Mo.

RECEIVED

Health Officer No. 4  
Number 1146-2887  
11-25-46

DEC 5 1946

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 Le Roy J. Schindler  
Licensed Embalmer No. 4175  
P. O. Address Perryville 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.

*1146-2887*  
*34-21-11*