

Registration District No. **282**

Primary Registration District No. **3055**

Registrar's No. **65**

1. PLACE OF DEATH:

(a) County **Saline**

(b) City or town **Bolivar**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
422 South Pine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
48 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lack 84**

(c) City or town **Bolivar**
(If outside city or town limits, write "RURAL")

(d) Street No. **422 South Pine**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **None**

3. (a) PRINT FULL NAME **Wanda M. Cleave**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **2**
year **1946** hour **7** minute **2** M.

21. I hereby certify that I attended the deceased from **Aug 2** 1946, to **Nov 2** 1946;
that I last saw h. or alive on **Oct 31** 1946;
and that death occurred on the date and hour stated above.

4. (a) SEX: **Female**

5. Color or race: **White**

6. (a) Single, married, divorced, widowed: **Married**

6. (c) Age of husband or wife if alive: **85** years

7. Birth date of deceased: **Aug 7, 1869**
(Month) (Day) (Year)

Immediate cause of death **Cerebral hemorrhage** Duration 3 days

Due to **Hypertensive cardio-vascular disease** 1 yr.

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years **77** Months **2** Days **26** If less than one day hr. min.

9. Birthplace: **St Charles Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **House Keeper**

11. Industry or business: **Household**

12. Name: **Robert J. Cleave**

13. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **Jessie Cleave**

15. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Jessie S. M. Cleave**

(b) Address: **Bolivar Mo.**

17. (a) Burial, cremation, or removal: **Funeral**

(b) Date thereof: **Nov 4, 1946**
(Month) (Day) (Year)

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

18. (a) Signature of funeral director: **Curie Blue**

(b) Address: **Bolivar Mo.**

19. (a) Date received local registrar: **Nov 9, 1946**

Major findings: **930**

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) Means of injury

23. Signature: **W. M. Tillman Jr.** (M. D. or other)

Address: **Bolivar Mo.** Date signed: 11-8-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

