S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1014

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 227

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:
General Hospital No. 1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3037 College 8
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Yancey Cleveland

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-05-8049

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife MRS. FRANCIS CLEVELAND

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

7. Birth date of deceased FEBRUARY (Month) 22 (Day) 1879 (Year)

8. AGE: Years 68 Months 10 Days ~~25~~ 24 If less than one day hr. min.

9. Birthplace PINE BLUFF (City, town, or county) ARKANSAS (State or foreign country)

10. Usual occupation ELECTRICIAN

11. Industry or business SCHOOLEY PRINTING & STATIONERY

FATHER
12. Name JAMES THOMAS CLEVELAND
13. Birthplace (City, town, or county) VIRGINIA (State or foreign country)

MOTHER
14. Maiden name ELLA J. COLBURN
15. Birthplace (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant MR. C. M. CLEVELAND
(b) Address 1202 E. 33rd STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1948 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 6, 1948, to Jan. 16, 1948
that I last saw him alive on Jan. 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12 B

Of autopsy See above

Duration

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 O

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 1-17-48

(Licensed Embalmer's Statement on Reverse Side)

Rev. Williams

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. Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address. K. C. 4 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.