

FILED JUL 15 1940  
399

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2457

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:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether  
In this community 34 years  
years, months or days)

3. (a) PRINT FULL NAME WILLIAM CLEVELAND 1214

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 19 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 11 26 hr. min.  
Mo. 0

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

10. Usual occupation Laborer 6

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

12. Name Noah Dudley 1

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

14. Maiden name Mary Unknown

15. Birthplace Okla (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Esther Williams  
(b) Address 752 Kansas Ave, K. C. Kans.

17. (a) Burial (b) Date thereof June 18 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Rose & Henderson  
(b) Address Kansas City, Missouri

19. (a) June 17, 1940 M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1309 Harrison  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th  
year 1940 hour 10:00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 2nd, 1940 19 \_\_\_\_\_ to June 15th, 1940 19 \_\_\_\_\_

that I last saw him alive on June 15th, 1940 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral broncho-pneumonia with Bilateral empyema

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Purulent pericarditis and toxic myocarditis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy See above

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 1

23. Signature Ruthie Maria M (M. D. or other)  
Address Supt. K.C. Gen. Hospital, K.C. Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

P. O. Address.....

**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, above space should be left blank.**