

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28217

Registration District No. 136 Primary Registration District No. 4090 Registrar's No. 48

1. PLACE OF DEATH: **SEP 19 1940**  
(a) County Cass  
(b) City or town Harrisonville  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community 11 5/8 years, months or days (Specify whether)

8. (a) PRINT FULL NAME JOHN H CLETON  
3. (b) If veteran,  name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Elizabeth Francis Cleton 6. (c) Age of husband or wife if alive 10 years  
7. Birth date of deceased June 18 1857 (Month) (Day) (Year)

8. AGE: Years 83 Months 03 Days 20 If less than one day hr. min.  
9. Birthplace Cass Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name John Henry Cleton  
13. Birthplace No. Carolina  
14. Maiden name Elizabeth DeVary  
15. Birthplace No. Carolina

16. (a) Informant Chas W Vining  
(b) Address Peculiar Mo  
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 1 1940  
(c) Place: burial or cremation Oakland Omaha  
18. (a) Signature of funeral director RUNNENBURGER'S  
(b) Address HARRISONVILLE, MO.  
19. (a) 8/31/40 (Date received local registrar) (b) Beckusley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Cass  
(c) City or town Harrisonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 30 year 1940 hour 4:00 minute P. M.  
21. I hereby certify that I attended the deceased from Aug 26 to Aug 30 1940 that I last saw him alive on Aug 30 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to Coronary occlusion  
Due to Senility  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

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? 845  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature David Stang (M. D. or other) \_\_\_\_\_  
Address Harrisonville Mo Date signed 8/31-40

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

*Ernest Rummelberger*

Licensed Embalmer No.

*3368*

P. O. Address

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