

S. No. 2  
M-542  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14528**

FILED **MAY 13 1943**

Registration District No. **157**

Primary Registration District No. **3028**

Registrar's No. **85**

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

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**907 East Budlong St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **12 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Carthage**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **907 East Budlong Street.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **ROBERT CHARLES CLEVELAND**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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 **September 17, 1925**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**17** **6** **25** ..hr. ..min.

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

10. Usual occupation **Student**

11. Industry or business.....

12. Name **Gordon Cleveland**

13. Birthplace **X Ill.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Hansen**

15. Birthplace **Kenosha Wis.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gordon Cleveland**

(b) Address **907 East Budlong, Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **4/14/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 Garrison, Carthage, Mo.**

19. (a) **April 12 '43** (b) **Elizabeth Complin**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11**, year **1943** hour **5:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **Feb 18**, 19**43**, to **April 11**, 19**43**; that I last saw him alive on **April 11**, 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Cochexia**

Due to **General peritonitis following ruptured appendix Feb 17 (about)**

Due to.....  
Other conditions (Include pregnancy within 3 months of death) **12/11**

Major findings:  
Of operations **acute rupt gangrenous appendix & general peritonitis**  
Of autopsy.....

Duration **7 weeks**

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Ed. C. Ulmer** (M. D. **0**)

Address **Carthage** Date signed **4-12-43**

**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 E. L. Williams

Licensed Embalmer No. 2222

P. O. Address. Carthage

**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.