

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED AUG 23 1943

Registration District No. 728

Primary Registration District No. 2000

Registrar's No. 626

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1409 West Lynne St.
(If not in hospital or institution, write street number or location)

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

In this community 10 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson ³⁷

(c) City or town Springfield ⁶
(If outside city or town limits, write "RURAL")

(d) Street No. 1409 W. Lynne Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jess J. Cleveland

(b) If veteran, name war Unk.

(c) Social Security No. Unk.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1943 hour 2 minute 45 M.

21. I hereby certify that I attended the deceased from July 20, 1943, to Aug 3, 1943

4. Sex Male 5. Color or Race W.

6. (a) Single, widowed, married Married
divorced _____

6. (b) Name of husband or wife Ada Cleveland

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 11 1888
(Month) (Day) (Year)

that I last saw him alive on July 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy - Paralysis left side body

Duration _____

8. AGE: Years 55 Months 2 Days 22
If less than one day hr. min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Marion F. Cleveland

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

14. Maiden name Marion Dawson

15. Birthplace Unk. Ireland, Knott
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ernest Cleveland

(b) Address Springfield Mo. 11409 W. Lynne St.

17. (a) Buried
(Burial, cremation, or removal) (b) Date thereof Aug 4 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Bluff Mo.

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Osark Mo.

19. (a) 8-5-43 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

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 J. T. Wade (M. D. or other) _____
Address Osark Mo. Date signed 5-43

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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..... *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Clark 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.

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