S. No. 2
OM—5-43
v. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1946

State File No. 20200

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2646

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:
4628 PENNSYLVANIA AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 4 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. 4628 PENNSYLVANIA AVENUE 8
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME MRS RUTH LOUISE ROOP CLEVELAND

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR W. A. CLEVELAND

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

7. Birth date of deceased MAY (Month) 11 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	1	3	hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business ------

FATHER
12. Name WILLIAM T. ROOP
13. Birthplace (City, town, or county) NOVA SCOTIA (State or foreign country)

MOTHER
14. Maiden name NELLIE LOUISE MILES
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant MR. W. A. CLEVELAND
(b) Address 4628 PENNSYLVANIA AVENUE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JUNE-15-1946 (Month) (Day) (Year)
(c) Place: burial or cremation ARLINGTON, MASSACHUSETTS

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD

19. (a) 6-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14TH
year 1946 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 6, 1946, to June 14, 1946
that I last saw her alive on June 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	8 wks.
Due to Arterial Hypertension	??
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

830

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

23. Signature L. J. Steffen (M. D. or other)
Address 1220 Professional Bld Date signed 6-14-46

(Licensed Embalmer's Statement on Reverse Side)

1220 Professional Bldg.

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. Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address. K. C. 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.