S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1947

Registration District No. 275

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42611

Primary Registration District No. 3053

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")

(d) Street No. Brown Apts. 14th & Pine 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Edward Carl Cleino

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margaret Cleino

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

7. Birth date of deceased May (Month) 30 (Day) 1869 (Year)

8. AGE: Years 78 | Months 6 | Days 9 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business Printer

FATHER
12. Name Henry Cleino
13. Birthplace UnKnown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Bauer
15. Birthplace UnKnown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. E. C. Cleino
(b) Address Brown Apts., Rolla, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Smith-Hollow [signature]
(b) Address Rolla, Missouri

19. (a) 12-20-47 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature) [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1947 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from 11-1-47, 19..., to 12/9/47, 19...;
that I last saw him alive on 12/9/47, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to .....

Due to .....

Other conditions Old age & Fracture of Pelvis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUEST

23. Signature H H Davis M D (M. D. or other) 0
Address Rolla Mo Date signed 12/10/47

(Licensed Embalmer's Statement on Reverse Side)

JAN 8 1948

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 J. W. Hollan

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

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.