

S. No. 300
DM-10-47
Rev. 5-17-39
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33485

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 25 1948

Registration District No. _____ Primary Registration District No. 2701

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
Highway #36 West
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 1125 Washington
(If rural, give location)

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

If yes, name country XXX

3. (a) PRINT FULL NAME Phyllis E. Cleveland

3. (b) If veteran, name war XX 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kenneth G. Cleveland 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased February 12, 1928
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19 year 1948 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from after death _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

20 8 6 - hr. - min.

9. Birthplace Monrovia Calif.
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

Immediate cause of death Skull fracture Duration _____

Due to Thrown from truck to highway when truck lost control of controls and struck telephone pole

Other conditions and ditch
(Include pregnancy within 3 months of death)

11. Industry or business ✓

12. Name Ralph G. Robertson

13. Birthplace Springhill Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Audrey Schwab

15. Birthplace Livingston Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Donald Stewart

(b) Address Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/19/48
(Month) (Day) (Year)

(c) Place: burial or cremation Brassfield cem.

18. (a) Signature of funeral director Donald F. Gordon

(b) Address Chillicothe, Mo.

19. (a) 10-20-48 (Date received local registrar) (b) Heidi P. Curing (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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) Accident

(b) Date of occurrence Oct 19, 1948

(c) Where did injury occur? Rural Livingston Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway

While at work? no (Specify type of place) (e) Means of injury Truck

23. Signature Heidi P. Curing (M.-E. or other) Address Chillicothe Mo Date signed Oct 19, 1948

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

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NOV 30 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 Ronald F. Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.