

KEEP ATTACHED TO EXHIBIT
KC 44-760-1A6

2025 RELEASE UNDER E.O. 14176

YOUR RIGHTS

Place Joplin, Mo.
Date 4-9-68
Time 8:10 PM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed Louis R. Cleveland

Witness Robert E. Hickman, Special Agent, FBI, Kansas City 4-9-68

Witness Walter H. Fleener, Capt Joplin MO PD 4/9/68

Time 8:14 PM

File No.

44-760-1A7

Date Received

4-9-68

From

Police Dept.

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By

J. E. Hickman

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

Arrest report of Officer
Donald McFee 4/9/68
re. Lynn Roy Cleveland.

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DATE 8-22-02 BY SPICKARD

KEEP ATTACHED TO EXHIBIT
KC 44-760-11

2025 RELEASE UNDER E.O. 14176

POLICE DEPARTMENT

JOPLIN, MO.

No. 13732

DESCRIPTIVE RECORD SHEET

Date MARCH 9 TH 1968 Place of Arrest 2800 RANGELINE
Name LYNN RAY CLEVELAND Alias NONE

Names of Relatives: Addresses:
GARLAND FRANCIS CLEVELAND (FATHER) BOX 9263 PALMER, TEXAS
GLEN ROY CLEVELAND (TWIN BROTHER) PARAMOUNT, CALIF.

Color W Sex M Age 33 Height 5 FOOT 11½ Weight 157
Build MEDIUM Complexion FAIR Eyes BLUE Hair BROWN

Charge H.F.I. Disposition _____

Residence BOX 9263 PALMER, TEXAS Place of Birth PALMER TEXAS

Nationality AMERICAN Occupation MINESTER

Criminal Specialty _____ Date of Birth

Arrested by FORNEY, Mugged by HICKMAN AND LATC H

Scars and Marks #1, 3" SCAR UP OT, #2, V A SCAR UP OT, # 3, HALF INCH SCAR UPER
RIGHT SIDE OF HEAD AT HAIR LINE,

Criminal History _____

REPORT FORM

POLICE DEPARTMENT

JOPLIN, MO.

Date of Report	Period Covered	Division	Officers
4/9/68	4:24 PM	Uniform	McAfee
Title of Case (Include Aliases)			Character of Case
Virginia Uhler Corral Motel			Report
Details (Report all facts in logical sequence)			

This officer was sent to the above location in Ref information about a hitchhiker. This officer checked LYNN R. Cleveland at 18th and Rangeline. Then went to the Corral Motel and contacted the above subject who stated that LYNN R. Cleveland was in the motel office and asked directions to Tulsa OKla. He asked if it was the Martin Luther King Funeral she was watching on T.V. and acted very interested in it. She told this officer the subject resembled a ~~picture~~ picture of the man that supposedly killed Martin Luther King. That was published in The Globe.

Approved

Investigating Officer Donald W. McFee #36

LOOKS LIKE KING'S ASSASSIN — This is an artist's conception of the man believed to be Dr. Martin Luther King's assassin. Memphis Commercial Appeal artist Bill Herrington drew this pencil sketch based on a description given him by Charlie Q. Stevens, who lives in the building and shares the bathroom from which the fatal shot was fired. — (AP Wirephoto.)



File No.

44-760-1A8

Date Received

4-9-68

From

Police Dept

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

Arrest report of Joplin Mo,
P.D. by Officer Forney &
Mc ~~Officer~~ Affee on 4-9-68
re Lynn Ray Cleveland

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE _____ BY _____

KEEP ATTACHED TO EXHIBIT
KC 44-760-1A8

2025 RELEASE UNDER E.O. 14176

JOPLIN POLICE DEPARTMENT

ARREST REPORT

Booking No.

Name Last <u>Cleveland</u> First <u>Lynn</u> Middle <u>Ray</u>			D. R. No.		Ident. No.	
Alias			Date <u>4/9/68</u>		Time <u>4:50 P.M.</u>	
Address <u>2387 Witmore Pl.</u>			Phone		City and State <u>St. Louis, Mo.</u>	
Sex <u>M</u>	Color <u>W</u>	Age <u>33</u>	Birthplace <u>Palmer, Tex.</u>		Citizenship <u>Yes</u>	
Height <u>5'11 1/2"</u>	Weight <u>157</u>	Build <u>S.</u>	Hair <u>B</u>	Eyes <u>Blue</u>	Cplx. <u>Med</u>	Marital Status <u>S</u>
Marks and Scars <u>None</u>			Fingerprints by		Photo by	
Occupation <u>Mos. Pipe</u>		Employed YES NO	Employed by <u>Joseph Pance</u>		Address <u>Highridge, Mo.</u>	
In Emergency Notify <u>B.T. Cleveland</u>		Relationship <u>Father</u>		Address <u>Box 9263 Palmer, Tex.</u>		Phone

RECORD OF PRISONER'S PROPERTY

Property Box No. <u>4</u>	Cash <u>.05</u>	Automobile—Make, Lic. No., Year <u>N/A</u>	Location of Automobile <u>N/A</u>
Other Property <u>Personal items</u>			
Operator/Chauf. Lic. No.			
Social Security No.			
Other I. D.			

ARREST AND BOOKING DATA

Charge <u>38.126</u>		Hold for	By Order of
Where Arrested <u>31st + Rg. line.</u>		Arrested or Received by <u>M. Torney</u>	Assisted by <u>M. Afee</u>
Complainant (if other than arresting officer)		Address and Phone	
Date to Appear	Re-Set for	Court	Bail Set \$
		Searched by <u>M. Afee</u>	Booked by <u>Cochran</u>

FOR USE OF ARRESTING OFFICER

JAILER DO NOT TYPE BELOW THIS LINE

The above sub was found hitch hiking south on Roubidoux; all this sub had for I.D. was a library card for a Springfield, Mo. library. Also sub had a torn social security card almost unable to read. This sub stated he was on his way to Tulsa from Springfield. Sub stated he had been traveling around in Okla, Ark. Tenn. & Mo. Also found on his person was some religious material with Memphis Tenn. stamped on the back of it. Also sub stated he had been in Memphis Tenn. & took this literature from a pack in a bus station. Sub stated he did not ever wear a tie but we found a tie in his pocket. Sub at time of arrest was carrying a top coat & sport coat. This sub def description of article drawing in Joplin Globe in ref to the Martin Luther King Jr. incident. In ref to this sub both officers agreed that this sub in every means fit description perfectly.

Approved

Date

Signature of arresting officer

B. M. Torney #12
PA M 2/26

Virginia Weller, Corral Mita

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 8-22-02 BY SPICKARD

KEEP ATTACHED TO EXHIBIT
KC 44-760-1A7

2025 RELEASE UNDER E.O. 14176

POLICE DEPARTMENT

JOPLIN, MO.

No. 13732

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Criminal History

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Investigating Officer Donald M. McFee 36

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File No. 44-760-1A10Date Received 4/9/68From Police Dept.
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By R. E. Hickom
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

5 pages bearing reproduction
of items in poss. of Lynn
Ray Cleveland when arrested
at Joplin, Mo. 4-9-68

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 8.22.02 BY SPICER/BSI

KEEP ATTACHED TO EXHIBIT
KC 44-760-1A10

2025 RELEASE UNDER E.O. 14176



Your Servant For Christ

First Assembly of God

REV. B. R. BRUMMETT
PASTOR

528-E. MAIN
NORMAN, OKLAHOMA

321-1848



CHURCH PHONE
FR 4-5855

HOME PHONE
FR 6-2856

Central Presbyterian Church

20th & ARCH STREET
LITTLE ROCK, ARKANSAS 72206
The Church with the Open Door Policy
Serving the Whole Community

MINISTERS: THE CONGREGATION
ASSISTANT TO MINISTERS: JIM MITCHELL

AT 7-3147

ROMANS 10:8-10

GEORGE BRITAIN, PASTOR
FIRST BAPTIST CHURCH
GRANTS, NEW MEXICO

BOX 295

224 MOUNTAIN ROAD

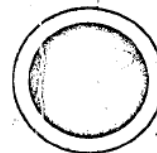


SOUTH COUNTY REGION
ST. LOUIS BI-STATE CHAPTER
THE AMERICAN NATIONAL RED CROSS
212 E. LOCKWOOD AVE.
WEBSTER GROVES, MO. 63119

ROSEMARY GAEBLER
SERVICE TO MILITARY FAMILIES 73 WOODLAND 2-0082

Larry Haynes
RICHARD OLIVER
Missionary Pastor

44 E. 15th St



HALEY MOTOR CO., INC.
Third and Marquette, N.W.
ALBUQUERQUE, N. MEX.

Rambler

GLEN SKIPWORTH

Bus. Phone 247-4341

James C. Murphy
806 N. W. 15th St
Alt. City
West. S. Junction
Plant on 1st
2th and 2 Blocks

Le on via
Jana

50313

SEARCHED
SERIALIZED
INDEXED
FILED
APR 12 1964
BY SPICKARD

4/1/58

Manpower - 512 Broadway
U.S. Employ. Agency -
Arch. Employ. Div.
104 Center

Travelers Aid
Greyhound Bus Depot
809 N. Broadway

ONE HOUR MARTINIZING

1838 N. GLENSTONE - SPRINGFIELD, MO.

Promised

9 AM

Price \$

2925

**IMPORTANT
SAVE THIS RECEIPT AND
AVOID DELAY WHEN
CALLING FOR GARMENTS**

NOT RESPONSIBLE FOR GARMENTS LEFT OVER 30 DAYS

4/10/68
put coat, pants
white shirt & tie
believe on them
about 4:00 PM

need not be dark and foreboding if you
the ranks of the hopeful by turning to
God of hope. The "hope of glory," the
"hope of eternal life," the "blessed hope," can
be yours if you believe. They are found in
Christ Jesus the Lord: "...as many as received
him, to them gave he power to become the sons
of God, even to them that believe on his name"
(John 1:12).

Must you echo this parody of John Newton's
famous verse?

Day of horrors, day of blunders!
Hark the sputniks awful sound!
Louder than a thousand thunders
Blasts the whole creation round.

How its havoc
Will the sinner's heart confound!

Will you sing Newton's words of hope
and faith:

But to those who have confessed,
Loved and served the Lord below,
He will say, Come near, ye blessed
See the kingdom I bestow.

You forever
Shall my love and glory know.

— Arthur E. Gordon

Southern Avenue Baptist Church
3084 Southern Avenue
Memphis, Tennessee 38118

DEVOTION 323-2653

Silent Evangelist No. 253. (12c per doz., 75c per 100)
Sample package assorted tracts, 50c

Faith, Prayer & Tract League
GRAND RAPIDS, MICHIGAN



Lynn R. Cleveland

1870 E. Broadway

is entitled to draw books from
**THE PUBLIC LIBRARIES OF
SPRINGFIELD AND GREENE COUNTY
Missouri**

and is responsible for all books taken on this card.
This card must be presented each time a book
is borrowed.

1576312

72 18575

1666-14L

Russia's latest scientific advancement has caused no little stir in the world. Some have received it with little apparent concern. Others have been greatly unnerved. It has caused many to wonder what the future holds.

A-bomb! H-bomb! Rockets and inter-continental missiles! Now eerie satellites speed through space.

Is man inventing his own destruction? No one can deny that this globe of ours is sitting upon a veritable atomic "powder-keg." One spark from any corner could send this world of ours into a great conflagration.

What can we do?

Where can we turn?

To whom shall we look?

IS THERE ANY HOPE?

The Bible commands, "hope thou in God." Not until we humans learn this truth shall we escape the dreadful possibility of destruction.

In the Bible Israel is warned in the language of those times:

"Woe to them that go down to Egypt for help; and stay (rely) on horses, and trust in chariots, because they are many; and in horsemen, because they are very strong; but they look not unto the Holy One of Israel, neither seek the Lord! Now the Egyptians are men, and not God; and their horses flesh, and not spirit. When the Lord shall stretch out his hand, both he that helpeth shall fall, and he that is helped shall fall down, and they all shall fail together. Turn ye unto him from whom the children of Israel have deeply revolted." (Isaiah 31:1, 3, 6).

To make this more understandable for our might paraphrase it to read thus:

"Woe to them that go to the leading nations help; and trust in planes, bombs, and rockets, cause they are many; and in the army, navy, air force, and marines, because they are very strong, but they look not unto the Holy One, neither seek the Lord! Now the leading nations are made up of men, and not God; and their weapons of metal, and not spirit. When the Lord shall stretch out his hand, both the nations and the individuals shall fall down, and they all shall fail together."

Is there any hope? Only in one direction! Turn ye unto him from whom the children of the world have deeply revolted! Hope thou in God! The Scriptures point out two types of people in the world: those having hope, and those without hope. In Ephesians 2:12 we read: *That at that time ye were without Christ ... and strangers from the covenants of promise, having no HOPE, and without God in the world.* Those without hope are those without God and without Christ in this world.

The hopeful ones are mentioned in Titus 2:11-14; 3:7: *For the grace of God that bringeth salvation hath appeared to all men ... that ... we should (be) ... looking for that blessed HOPE, and the glorious appearing of the great God and our Saviour Jesus Christ; who gave himself for us, that he might redeem us from all iniquity That being justified by his grace, we should be made heirs according to the HOPE of eternal life.*

In another place we read, *Christ in you, the HOPE of glory (Colossians 1:27).* Those with hope are those who have God and who have Christ.

Now, for the question that concerns
To which of these groups do you belong?

James C. Murphy
For N. 11-21-67
and
sent on faith
— the same blocks

Gym R Cleveland
St Louis, Mo
 has been a guest at the
Good Shepherd Refuge
 601 SECOND STREET, S.W. — P. O. Box 389
 ALBUQUERQUE, NEW MEXICO
 DEC 18 1967
 Bed No. *1-4* Date *12-4-67*
 Brother *Ed and*

4/10/68

PHONE 774-2373 MR. AND MRS. E. E. TIDWELL
 Manager
MILLS HOTEL
 442 NORTH UNION AVENUE
 P. O. BOX 276 OZARK, ALABAMA
 DAILY RATES WEEKLY RATES MONTHLY RATES
 \$3.00 & UP \$12.00 & UP

THEREFORE TO HIM THAT KNOWETH
 TO DO GOOD, AND DOETH IT NOT,
 TO HIM IT IS SIN. James 4:17
 STUDY AND RES.
 PHONE 365-3630
NORTHVALE BAPTIST CHURCH
 J. A. KUEHN, Pastor
 DURAND AVENUE, NORTHVALE ADDITION
 HARRISON, ARKANSAS

Week of
22-28
 Good for unlimited riding during week of issue, without additional charge, on all Local, Rush-hour and Shopper Express, Rapid, Municipal Opera and Park-Ride service in the MISSOURI-ILLINOIS central fare area and good in suburban zones #1 and #2 without zone charges. Subject to applicable zone charges. Beyond suburban zone #2. Also good on special Red Bird and Big Red Express upon payment of 10c. (Not good on Race Track buses.) Bearer must retain pass throughout ride.

 No. 11656

~~DR. WM. C. REED~~
~~PODIATRIST~~
~~SUITE 1408-A THE STEVENS BUILDING~~
~~17 NORTH STATE~~
~~CHICAGO 2~~
~~CENTRAL 6-1804-5~~

AC 417 UN 6-2361
 S. H. H. ROBINSON
 PASTOR
 444 WEST GRAND
 SPRINGFIELD, MISSOURI
Calvary Temple
Assembly of God
 "COME WITH YOUR BURDENS"
 "LEAVE WITH A SMILE"
8-22-67
SPARKS

Gym R Cleveland
St. Louis, Missouri
 has been a guest at the
Good Shepherd Refuge
 601 SECOND STREET, S.W. — P. O. Box 389
 ALBUQUERQUE, NEW MEXICO
 Bed No. *B* Date *11-21-67*
 Brother *Gregory*

Dear Friend :—Welcome to the Good Shepherd Refuge. You are a guest of the Brothers of the Good Shepherd, a brotherhood of the Catholic Church. Please observe the house rules posted in the reading room.

Services Available — No Obligation

Holy Mass 6:45 a.m.
 Rosary and Benediction..... 6:30 p.m.
 Breakfast 5:45 a.m.
 Lunch 12:00 noon
 Clothing Distribution 2:30 p.m.
 Supper 5:30 p.m.
 Dormitory Registration..... 7:30 p.m.

Shower and shaving facilities.
 Clean clothing available.

Thank God tonight for this
 hospitality, and pray for those
 who made it possible.

God be with you!

Sorry to have missed you, but will try to visit your home soon. There is a place in our church for you to serve Christ. It would be good to meet you in Sunday School and Church next Sunday.

Signed _____
 SUNDAY SCHOOL 9:45 A. M.
 MORNING WORSHIP 10:50 A. M.
 TRAINING UNION 6:30 P. M.
 EVENING WORSHIP 7:30 P. M.
 WED. PRAYER MEETING 7:30 P. M.

"A Southern Baptist Church Supporting
 World Missions With Prayer And Money."

Wm C. Reed
 12/1/51 9221
 ASK OPERATOR TO
 CONFIRM

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Wm C. Reed
 12/1/51 9221
 ASK OPERATOR TO
 CONFIRM

RM 0AAN-5028 (7-1)

SOCIAL

EMPLOYEE'S NAME
Lynn E. CL

ADDRESS
McL

DATE THIS CARD ISSUED
1-2-63

SOCIAL SECURITY OFFICE
[REDACTED]

THIS CARD IS EVIDENCE THAT
YOUR SOCIAL SECURITY ACCOUNT NUMBER
YOUR EMPLOYER (SEE OTHER SIDE)
HIM OF YOUR SOCIAL SECURITY
GET IT. IF YOU DO NOT GET YOUR
WITHIN THREE WEEKS CONTACT
[REDACTED]

(For social security purposes only)

EMPLOYEE

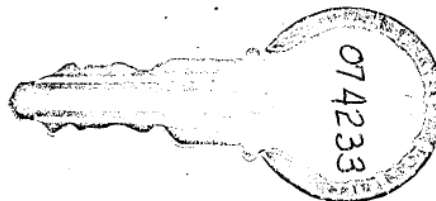
SECURITY

DATE CARD EXPIRES
21 days

TELEPHONE NUMBER
1-2-63

YOU HAVE APPLIED FOR A
BER. SHOW THIS CARD TO
AND BE SURE TO INFORM
USER AS SOON AS YOU
SOCIAL SECURITY NUMBER
OFFICE AGAIN.

Identit



4/10/68

found on highway

person who lost it

belongs to

Key to Dishonored Locked

at Spfld.

found other key

DATE 8-22-02 BY SPICKERMAN

TO THE EMPLOYER: This card is evidence
the reverse side has applied for a social se
You are authorized to accept this, tempor
THE EXPIRATION DATE SHOWN ON

should:

1. Record in your books the employee's
issued, its expiration date, and if
issued it.
2. Tell the employee to show you his
which should be before the expiration
3. Communicate with the office that
social security account number if
of the number assigned to him.
(Expiration date shown on this card.)
4. If you file your tax return, Form 94
his number and before the expiration
the information recorded in

employee whose name is shown a
which cannot be issued immediately
numbered card instead of his number
OTHER SIDE OF THIS CARD

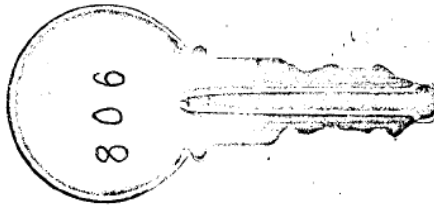
and address, the date this form was
address of the District Office which

il security card as soon as he gets it
date of this card.

ed this card to obtain the employee's
gives your employ without informing you
ot request his number before the expira-

942, or 943 before the employee receives
date of this card, show on your tax return
oks as described in "1," above.

MENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION



4/10/68

~~Bill Williams~~

LA 1-5341

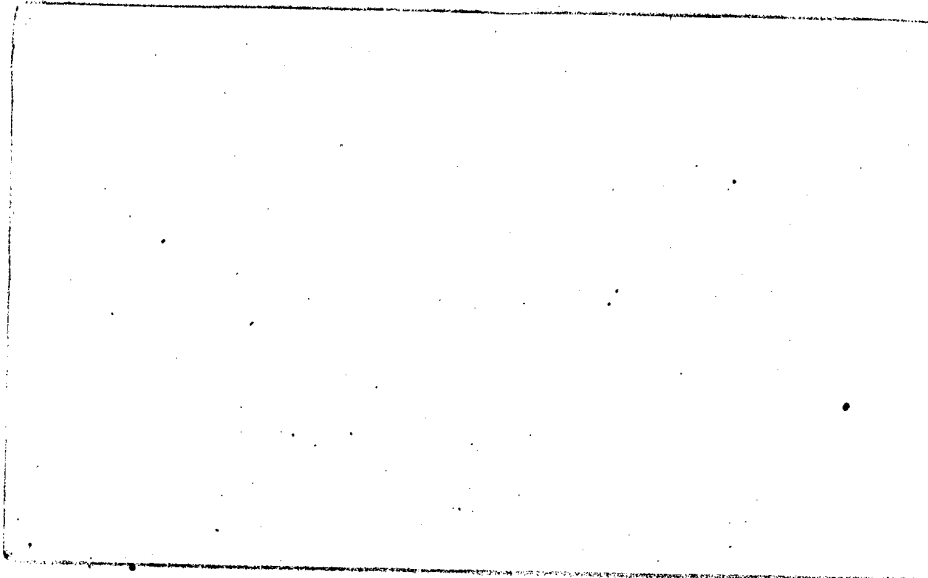
Dallas

Red Clude Box --
Brookhollow BAPT. Des. to, Texas

(Robert Beck -)
(Tsuwimbi)
Sent, Baptist

Joe L. Myers
Box 253
Courtland, Ala.

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
8-22-02 BY SPICKER/M



4 June

12



6 June

30-35

6 - 12 June 5

37

4

14

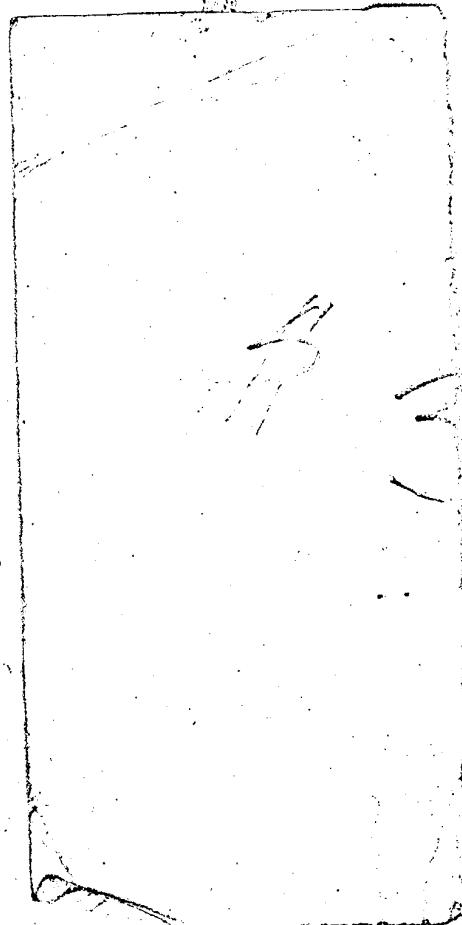
33

6 A.M.

383

1515
1516

Roger Becks



File No. 44-760-1A11Date Received 4/18/68From Allan M. Craker

(NAME OF CONTRIBUTOR)

Sandmark Bldg.

(ADDRESS OF CONTRIBUTOR)

Spfld. Mo.

(CITY AND STATE)

By Earl A. Payson

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

Xerox copy of North American
Van Lines waybill #T21658.

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 8-22-02 BY SPICKARD

NORTH AMERICAN VAN LINES

IN CASE OF NEED CONTACT:


 WORLD HEADQUARTERS
 FORT WAYNE, INDIANA 46801

 Tel. 742-5451
 Area Code 219

Name of Carrier: NORTH AMERICAN VAN LINES

At: Street: Plant OperationsCity: Fort Wayne State: Ind. Phone: 742-5451

CONTRACT NUMBER	OBL NUMBER	TARIFF	SECTION	PACKING SCHD.	COMMODITY	DATE
L98326	11453	116B	4-2	A B C D	TABULATING MACHINES	Apr. 10, 1968

BOOKED BY: Broward M&S CODE: 7112

BOOKED BY (ASSIST): _____ CODE: _____

LEAD: _____ CODE: _____

ESTIMATOR: Broward M&S CODE: 7112

ESTIMATED CHARGES FOR SHIPMENT \$ _____

DESTINATION AGENT: _____ CODE: _____

MOVE DESCRIPTION (N.A. USE ONLY)

BASIC CODE: _____ TYPE CODE: _____

LOCAL CODE: _____ MODE CODE: _____

SHIPPED FROM	COUNTY	DELIVER TO:	COUNTY
SHIPPER: <u>ISM Systems Mfg. Div.</u>		CONSIGNEE: <u>Royce & Richardson</u>	
STREET: <u>700 Banyan Trail</u>		STREET: <u>Landmark Bldg.</u>	
TOWN & STATE: <u>Boca Raton, Fla.</u>	PHONE: _____	TOWN & STATE: <u>Springfield, Mo.</u>	PHONE: _____
FLOOR: _____		NOTIFY: _____	

WEIGHT	ORIGINAL	REWEIGH	DESCRIPTION OF SERVICES	RATE	CHARGES	CODE
GROSS			NET WEIGHT <u>1175</u> MILES <u>1113</u>	<u>11.40</u>	<u>139.20</u>	
TARE			NET WEIGHT - INTERLINE/OVERFLOW MILES			
ACTUAL	<u>1175 shippers weight</u>		NET WEIGHT - INTERLINE/OVERFLOW MILES			

SUBJECT TO THE FOLLOWING CONDITIONS

1. Rules, regulations, rates and charges in lawfully applicable tariff. All charges will be audited and, if necessary, corrected by refund or additional billing.

 2. Charges payable in cash, money order or certified check on loading ☐ before delivery ☐ or carrier.

ISM Systems Mfg. Div. (Name)

P.O. Box 1328 (Street Address)

Boca Raton, Fla. (Town and State)

Ed Dugan (Attention of)

3. Purchase Order No. _____

4. All terms printed, stamped, or typed on the front and back hereof.

5. Shipment is to be stored in transit at _____

(Name of Warehouse)

(Town and State)

NOTICE: Unless a different value is declared, the shipper hereby releases the property to a value of \$5.00 per pound per article.

Shipper declares value of property to be \$ 5.00 per pound per article,

and hereby releases and limits value and liability as provided in contract. Terms and conditions on reverse side hereof.

 X B. J. Parker
 (Shipper Must Sign Here)

6. SPECIAL SERVICES

☐ Expedited service ordered by shipper☒ Delivery on or before 4/15/68
☐ Shipment completely occupied a _____ cu. ft. vehicle
☐ Exclusive use of a _____☐ Space reservation _____ cu. ft.
☐ Length of loading space ordered _____ ft. (WSMC)

TYPE MACHINE	SERIAL NUMBER	CONDITION-ORIGIN	EXCEPTIONS-DESTINATION	WEIGHT
<u>2030</u>	<u>433</u>	<u>new</u>		
<u>1</u>	<u>drum pte</u>			
<u>1</u>	<u>ctr. parts</u>			

SERVICES SHOWN HEREIN WERE RENDERED, AND SHIPMENT WAS RECEIVED IN GOOD CONDITION AS NOTED HEREON:

I.C.C.-MC-107012 X

(Shipper Sign Here At Time of Loading)

(Shipper or Consignee Must Sign Here at Delivery)

No. T 21658

Hauled By: Broward M&SCode No. 7112Delivery Date: 4/15/68

ORIGINAL—(Give to consignee at time of delivery)

Form 0379 5/67

MADE IN U.S.A.

NOTICE TO SHIPPER: Money Order and Drafts must be made payable to NORTH AMERICAN VAN LINES, INC.

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 8-22-02 BY SPICKER

Re 44-760-1A11

File No. 44-760-1A8Date Received 4-9-68From Police Dept
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Joplin, Mo.
(CITY AND STATE)By R. E. Hickman
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes
☒ NoReceipt given ☐ Yes
☒ No

Description:

Arrest report of Joplin, Mo.,
P.D. by Officer Forney &
Mc ~~Jeff~~ Affee on 4-9-68
re Lynn Ray Cleveland

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE _____ BY _____

(Title) MURKIN(File No.) 44-760

REC'D 4/19/68

1. FORTYONE KANSAS BIRTH CERTIFICATES OF INDIVIDUALS

BORN

2. WF 442 (5 copies re Holt) in English " 4-19-68
3. WF 442 (5 copies re Holt) in Spanish " "
4. Handwritten letter from James E. Ray, 10-24-66
+ psychiatric report Rec'd 4-19-68
5. WF 442-A (5 copies re Ray) in English " 4-20-68
6. WF 442-A (5 copies re Ray) in Spanish " "

Disposition:

4. ~~Letter~~ Orig of letter to Lab 4-20-68 2 Copies sent MP 4-20-68

44-760-1A1

SEARCHED.....	INDEXED.....
SERIALIZED.....	FILED.....

APR 19 1968
FBI - KANSAS CITY

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DATE 8-22-02 BY SPICKER

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DATE 8-22-02 BY SPICER/bm

File No. 44-760-1A1 ①
Date Received 4-18-68
From Irvin S. Trangler
(NAME OF CONTRIBUTOR)
Director, Division of Vital
Statistics (ADDRESS OF CONTRIBUTOR)
Topeka, Kansas
(CITY AND STATE)
By J. B. Harold H. Umstead
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes
☒ NoReceipt given ☐ Yes
☒ NoDescription: 41 Kansas Birth
Certificate of individuals
born

AFFIDAVIT FOR CORRECTION OF BIRTH CERTIFICATE

PLACE OF BIRTH

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

221-632

County of Dickinson

Township of Grant

STATE OF KANSAS

City of Abilene

No. 607 South Cedar

street

(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

Full Name of Child George Eldon Young

Sex
Male

If plural births { Twin, triplet, or other
Number in order of birth

Legiti-
mate? yes

Date of birth July 20, 19 31
(Month, day, year)

FATHER

Full name Daniel Ward Young

MOTHER

Full maiden name Lila Birdell Brickel

Residence (At time of birth) 607 S. Cedar, Abilene, Kansas

Residence (At time of birth) 607 S. Cedar, Abilene, Kansas

race White Father's age 23 years.
(At time of birth of this child)

Color or race White Mother's age 20 years.
(At time of birth of this child)

(Place)
Abilene
Dickinson Co., Kansas

Birthplace (city or place) Woodbine
(State or country) Dickinson Co., Kansas

(At time of birth) Drug clerk

OCCUPATION
(At time of birth) Housewife

Number of children of this mother
(At time of this birth and including this child) one (a) Born alive and now living two (b) Born alive but now dead none

It is requested that this affidavit be attached to the original certificate on file in the Division of Vital Statistics of Kansas.

State of Kansas, Dickinson County, ss.

Mrs. Lila Young being first duly sworn, on oath states that she resides at Abilene in Dickinson county, Kansas state, and that the statements contained in the foregoing Affidavit of Birth are true and correct, as affiant is informed and verily believes.

(Signed) Mrs. Lila Young Relationship Mother

Subscribed and sworn to before me, a notary public in and for said county and state, this 26th day of

April 1944

My commission expires January 3, 1945

M. M. Miller
Notary Public.

Form I-28

10-7431-5

5-48-10M

90

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH STATE BOARD OF HEALTH
County of Dickinson DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

221 632

Township of _____ STATE OF KANSAS

City of Abilene No. 607 S Cedar street, Reg. No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full Name of Child George Eldon Young If child is not yet named, make supplemental report, as directed.

3. Sex m If plural births 1 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth July 20, 1931
(Month, day, year)

9. Full name Daniel Ward Young FATHER 18. Full maiden name Leila Birdel Bricker MOTHER

10. Residence (usual place of abode) 607 S Cedar 19. Residence (usual place of abode) 607 S Cedar
(If nonresident, give place and state.)

11. Color or race W 12. Age at last birthday 23 (Years) 20. Color or race W 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) Abilene 22. Birthplace (city or place) Waco
(State or country) Kansas (State or country) Kans-

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Clerk 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Drug Store 24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work _____ 19 _____ 25. Date (month and year) last engaged in this work _____ 19 _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child): (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months _____ } 29. Cause of stillbirth _____ { Before labor _____ }
or weeks _____ { During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. m. on the date above stated.
(Born alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness.
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplemental report _____ (Date of) _____

Registrar

Address Abilene, KansasFiled Aug 14, 1931 W E Colburn

Registrar

- over -

(4)

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH STATE BOARD OF HEALTH
County of Montgomery DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

363 6671

Township of _____ STATE OF KANSAS

or City of Coffeyville No. 1519 Elm St. street Reg. No. 198
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

7. Full Name of Child Wallace Elsworth Arrington Jr. { If child is not yet named, make supplemental report, as directed.

3. Sex m If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth July 24, 1931
(Month, day, year)

FATHER 18. Full maiden name Mary Maxine Hamblin
9. Full name Wallace Elsworth Arrington 19. Residence (usual place of abode) 1519 S. Elm
(If nonresident, give place and state) 1519 S. Elm

11. Color or race W. 12. Age at last birthday 23 (Years) 20. Color or race W. 21. Age at last birthday 20 (Years)
13. Birthplace (city or place) Chicago 22. Birthplace (city or place) Liberty
(State or country) Ill. Kans.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 151 24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. 151
16. Date (month and year) last engaged in this work _____ 19____ 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation { months _____ or weeks _____ 29. Cause of stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3 a. m. on the date above stated
(Born alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Rosen M. D.

or _____ Midwife

Address Coffeyville, Kans.

Filed AUG 1931 Registrar.

(71)

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
 County of Ottawa STATE BOARD OF HEALTH
 DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

72 4415

Township of Buckeye STATE OF KANSAS

City of _____ No. 57-1 street. Reg. No. 72E
 (If birth occurred in a hospital or institution, give its NAME instead of street and number.)
 { If child is not yet named, make supplemental report, as directed.

2. Full Name of Child LaVerne Brown

3. Sex M. 4. Twin, triplet, or other Twin. Premature _____ 7. Legiti-
 mate? Yes 8. Date of birth July 20 1931
 { If plural births } 5. Number, in order of birth 2 Full term Yes (Month, day, year)

9. Full name George Firmley Brown
 FATHER

10. Residence (usual place of abode) Niles, Kansas
 (If nonresident, give place and state)

11. Color or race W. 12. Age at last birthday 46 (Years)

13. Birthplace (city or place)
 (State or country) Tenn

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work March 19
 17. Total time (years) spent in this work Life

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months } 29. Cause of stillbirth _____
 { or weeks } { Before labor }
 { During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:31 A. m. on the date above stated
 (Born alive or stillborn)

and (did) (~~did not~~) treat the eyes to prevent blindness.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Signed) Chas C Boyle M. D.

or _____ Midwife

Address Bennington, Kansas.

Filed _____ 19 _____ Registrar.

(31)

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
 County of Ottawa STATE BOARD OF HEALTH
 DIVISION OF VITAL STATISTICS

Township of Buckeye STATE OF KANSAS

City of _____ No. _____ street, Rtg. No. 72E

72 4414

2. Full Name of Child Vern Brown (If birth occurred in a hospital or institution, give its NAME instead of street and number.)
 { If child is not yet named, make supplemental report, as directed.

3. Sex M. If plural births _____ 4. Twin, triplet, or other Twins Premature _____ 7. Legiti- male? Yes 8. Date of birth July 20 19 31
 5. Number, in order of birth 1 Full term Yes (Month, day, year)

FATHER
 9. Full name George Firmley Brown
 10. Residence (usual place of abode) Niles, Kansas
 (If nonresident, give place and state).

11. Color or race W. 12. Age at last birthday 46 (Years)

13. Birthplace (city or place) Tenn. (State or country)
Farmer

OCCUPATION
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
 16. Date (month and year) last engaged in this work Present 19 _____
 17. Total time (years) spent in this work Life

MOTHER
 18. Full maiden name Marie Elizabeth Hografe
 19. Residence (usual place of abode) Niles, Kansas
 (If nonresident, give place and state).

20. Color or race W. 21. Age at last birthday 40 (Years)

22. Birthplace (city or place) Bennington, Kansas. (State or country)

OCCUPATION
 23. Trade, profession, or particular kind of work done, as housekeeper, nurse, clerk, etc. Housekeeper
 24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. Own home
 25. Date (month and year) last engaged in this work Present 19 _____
 26. Total time (years) spent in this work 20

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn: period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:30 A.M. on the date above stated (Born alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report _____

(Signed) Chas. C. Boyle M. D. O.

or _____ Midwife

Address Bennington, Kansas.

Filed _____ 19 _____ Registrar _____

27

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH STATE BOARD OF HEALTH
County of Wyandotte DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

205 45996

Township of _____ STATE OF KANSAS

City of Kansas City No. 1207 Scott Ave

Reg. No. 1183112

2. Full Name of Child Charles Cornelius (If birth occurred in a hospital or institution, give its NAME instead of street and number) (If child is not yet named, make

3. Sex M 4. Twin, triplet, or other _____ 5. Premature _____ 6. Full term _____ 7. Legitimate? Yes 8. Date of birth _____

9. Full name Samuel Cornelius FATHER
10. Residence (usual place of abode) 1207 Scott Ave (If nonresident, give place and state)

11. Color or race W 12. Age at last birthday 34 (Years)

13. Birthplace (city or place) Casola, Italy (State or country)

14. Trade, profession, or particular kind of work done, as signer, Cabinetmaker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc., Cabinet

16. Date (month and year) last engaged in this work July 20, 1931

17. Total time (years) spent in this work all

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____

18. Full maiden name Rose Cobello MOTHER
19. Residence (usual place of abode) Same (If nonresident, give place and state)

20. Color or race W 21. Age at last birthday 31 (Years)

22. Birthplace (city or place) New Orleans, Louisiana (State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, Housewife

24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc., Housework

25. Date (month and year) last engaged in this work July 20, 1931

26. Total time (years) spent in this work all

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1120 P m. on the date above stated (Born alive or stillborn)

and (did) _____ treat the eyes to prevent blindness.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report.

(Date of)

(Signed) E. A. Reeves M. D.

or 322 Brotherhoods Block, B.K. Midwife

Filed _____

Registrar.

18-1277 *

Registrar.

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH
 County of Labeite STATE BOARD OF HEALTH
 DIVISION OF VITAL STATISTICS

50 6946

Township of Chetopa No. 149
 or
 City of Chetopa STATE OF KANSAS

Street, Reg. No.

2. Full Name of Child Ross Clarinda Jo.
 (If birth occurred in a hospital or institution, give its NAME instead of street and number.)
 If child is not yet named, make supplemental report, as directed.

3. Sex male If plural births { 4. Twin, triplet, or other yes 6. Premature yes 7. Legitimate? yes 8. Date of birth July 20, 1931
 5. Number, in order of birth 3 Full term yes (Month, day, year)

9. Full name Ross Mrs. Clarinda FATHER 18. Full maiden name May Nees MOTHER
 10. Residence (usual place of abode) (If nonresident, give place and state.)
 19. Residence (usual place of abode) (If nonresident, give place and state.)

11. Color or race W 12. Age at last birthday 29 (Years) 20. Color or race W 21. Age at last birthday 31 (Years)

13. Birthplace (city or place) Lanthe 22. Birthplace (city or place) Bentonville
 (State or country) Mo (State or country) Ark

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 149 24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc.
 16. Date (month and year) last engaged in this work 19 1931 25. Date (month and year) last engaged in this work 19 1931
 17. Total time (years) spent in this work 19 1931 26. Total time (years) spent in this work 19 1931

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ✓ { months { 29. Cause of stillbirth ✓ { Before labor ✓
 or weeks { During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:05 m. on the date above stated
 (Born alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplemental report.

(Date of)

Registrar.

(Signed) E. D. Row Chetopa M. D.or Chetopa, Jane MidwifeAddress Chetopa, JaneFiled 8/5/31 H. R. Nees Registrar.

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Wichita STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

62 5126

Township of Glenn Elder STATE OF KANSAS
or
City of Glenn Elder

2. Full Name of Child Carroll M. Casey (If birth occurred in a hospital or institution, give its NAME instead of street and number.)
street, Reg. No. (If child is not yet named, make supplemental report, as directed.)

3. Sex Male 4. Twin, triplet, or other births 1 5. Number, in order of birth 1 6. Premature no Full term yes 7. Legitimate? yes 8. Date of birth July 21, 1931
(Month, day, year)

9. Full name Angie B. Casey FATHER

10. Residence (usual place of abode) Glenn Elder
(If nonresident, give place and state) Kansas

11. Color or race White 12. Age at last birthday 37 (Years)

13. Birthplace (city or place) Glenn Elder
(State or country) Kansas

18. Full maiden name Robert M. Casey MOTHER

19. Residence (usual place of abode) Glenn Elder
(If nonresident, give place and state) Kansas

20. Color or race White 21. Age at last birthday 38 (Years)

22. Birthplace (city or place) Kansas
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Physician
16. Date (month and year) last engaged in this work 1931

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyers' office, silk mill, etc. own home
25. Date (month and year) last engaged in this work 1931

26. Total time (years) spent in this work 24

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 9 months 29. Cause of stillbirth Before labor
or During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 1:00 p. m. on the date above stated
(Born alive or stillborn)

and (did) not treat the eyes to prevent blindness.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Date of)

Registrar

(Signed) R. A. Edwards M. D.
or Midwife

Address

Filed 8-3, 1931 Rogel Edwards
13-1377 Registrar

79

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

1. PLACE OF BIRTH STATE BOARD OF HEALTH
County of Brown DIVISION OF VITAL STATISTICS

307 825

Township of Nussau 205-1 STATE OF KANSAS

City of Horton No. Horton Hospital street. Reg. No.

2. Full Name of Child Deland Creason Edmonds Jr If child is not yet named, make supplemental report, as directed.

3. Sex Male 4. Twin, triplet, or other Full term 5. Number, in order of birth 1st 6. Premature yes 7. Legitimate yes 8. Date of birth July 20 1931
(Month, day, year)

9. Full name Deland Creason Edmonds FATHER 16. Full maiden name Mayd Ann Parish MOTHER

10. Residence (usual place of abode) Horton, Kan. (If nonresident, give place and state) 17. Residence (usual place of abode) Horton Kan (If nonresident, give place and state)

11. Color or race White 12. Age at last birthday 29 (Years) 13. Birthplace (city or place) Texas (State or country) Mo.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Surgeon 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. engaged in this work 16. Date (month and year) last engaged in this work Present time 17. Total time (years) spent in this work 5 yrs

18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper 19. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. engaged in this work 20. Date (month and year) last engaged in this work 19 21. Total time (years) spent in this work 19

22. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

23. If stillborn, period of gestation months { months { weeks 24. Cause of stillbirth Before labor { During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 5:30 P. m. on the date above stated (Born alive or stillborn)

and (did) (did not) treat the eyes to prevent blindness.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Date of)

Registrar.

(Signed) Edwin C. White M. D.
or 1032 DuPont Blvd. Midwife
Address Kansas City Mo.
Filed 8/16 1931 J. E. Berners Registrar.

(24)

COPY FOR RESEARCH
PURPOSES ONLY

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
 STATE BOARD OF HEALTH
 DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

18 7803

County of CowleyTownship of West Bolton

STATE OF KANSAS

City of Cape Girardeau, Mo. West Bolton Township
 (If birth occurred in a hospital or institution, give its NAME instead of street and number.)

Reg. No. 109
 If child is not yet named, make supplemental report, as directed.

2. Full Name of Child

Lloyd GILBERT ESTER

3. Sex

If plural births

M

4. Twin, triplet, or other ☒
 5. Number, in order of birth ☒

6. Premature

Full term yes

7. Legitimate?

yes

8. Date of birth

July 20, 1931
(Month, day, year)

9. Full name

FATHER

Lawrence Ethelmer Easter

10. Residence (usual place of abode)

(If nonresident, give home of state)
West Bolton Township11. Color or race W12. Age at last birthday 24 (Years)

13. Birthplace (city or place)

(State or country)
West Bolton Township

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

March, 19

17. Total time (years) spent in this work

Life

OCCUPATION

18. Full maiden name

MOTHER

Mildred Larella Home

19. Residence (usual place of abode)

(If nonresident, give home of state)
West Bolton Township20. Color or race W21. Age at last birthday 23 (Years)

22. Birthplace (city or place)

Cape Girardeau, Mo.

(State or country)

Kansas

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc.

Home

25. Date (month and year) last engaged in this work

March, 19

26. Total time (years) spent in this work

3 yrs

OCCUPATION

27. Number of children of this mother

(At time of this birth and including this child)

(a) Born alive and now living 2(b) Born alive but now dead 1(c) Stillborn 0

28. If stillborn,

period of gestation ☒

{ months or weeks

29. Cause of stillbirth

{ Before labor

{ During labor ☒

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:34, P.m. on the date above stated and (did) did not treat the eyes to prevent blindness.
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Date of)

Registrar.

(Signed)

Edwin A. Bufta M. D.

or

Midwife

Address

Filed

8-719 31Grant M. Adon

Registrar.