KEEP ATTACHED TO EXHIBIT
KC 44-760 - 1A 6

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 Lynn R. Cleveland

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

Witness Walter H Flemmer Capt Joplin Mo PD 4/9/68

Time 8:14 PM

FD-340 (REV. 6-24-65)

File No. 44-760-1A7

Date Received 4-9-68

From Police Dept.
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Joplin Mo
(CITY AND STATE)

By R E Hudson
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description:

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

3

KEEP ATTACHED TO EXHIBIT
KC 44-760-187

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 the subject Resembled a [redacted] Picture of the man that supposedly Killed Martin Luther King. That was Published in The Globe.

Approved

Investigating Officer Donald McAfee #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.)

FD-340 (REV. 6-24-65)

File No. 44-760-188

Date Received 4-9-68

From Police Dept
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Joplin, Mo.
(CITY AND STATE)

By R. E. Hickam
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☑ No

Receipt given ☐ Yes ☑ No

Description:

Arrest report of Joplin, Mo., P.D. by Officers Forney & McAfee on 4-9-68 re Lynn Ray Cleveland

KEEP ATTACHED TO EXHIBIT

KC 44-760-148

JOPLIN POLICE DEPARTMENT

ARREST REPORT

Booking No.

Name Last: Cleveland First: Lynn Middle: Ray		D. R. No.	Ident. No.
Alias		Date 4/9/68	Time 4:50 P.M.
Address 2387 Witmore St.	Phone —	City and State St. Louis, Mo.	

Sex	Color	Age	Birthplace	Citizenship
M	W	33	Palmer, Tex	Yes

Height	Weight	Build	Hair	Eyes	Cplx.	Marital Status
5'11½"	157	S.	B	Blue	Med	S

Marks and Scars	Fingerprints by	Photo by
None		

Occupation	Employed YES / NO	Employed by	Address	Phone
Mus. Pipe		Joseph Prance	Highridge, Mo.	

In Emergency Notify	Relationship	Address	Phone
Ct. Cleveland	Father	Box 9263 Palmer, Tex.	

RECORD OF PRISONER'S PROPERTY

Property Box No.	Cash	Automobile—Make, Lic. No., Year	Location of Automobile
4	.05	N/A	N/A

Other Property: Personal items

Operator/Chauf. Lic. No.

Social Security No.

Other I. D.

ARREST AND BOOKING DATA HFI Homicide

Charge	Hold for	By Order of
38.126		

Where Arrested	Arrested or Received by	Assisted by
31st + Rg. line.	M Torney	M'Afee

Complainant (if other than arresting officer)	Address and Phone

Date to Appear	Re-Set for	Court	Bail Set $	Searched by	Booked by
				M'Afee	Cochran

FOR USE OF ARRESTING OFFICER — JAILER DO NOT TYPE BELOW THIS LINE

The above subj was found hitch hiking south on Range Line; all this subj had for I.D. was a library card for a Springfield, Mo. Library. Also subj had a born social security card almost unable to read. This subj stated he was on his way to Salem from Springfield. Subj 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 subj stated he had been in Memphis Tenn & took this literature from a rack in a bus station. Subj stated he did not ever wear a tie but we find a tie in his pocket. Subj at time of arrest was carrying a top coat & sport coat. This subj fit description of artists drawing in Joplin Globe in ref to the Marlin Ruckeling & incident. In ref to this subj both officer agreed that this subj in every means fit description perfectly

Approved _____ Date _____ Signature of arresting officer B.H. Torney #42

DA M Ofer #26

Virginia Weller, Corral Meter

KEEP ATTACHED TO EXHIBIT
KC 44-760 - 1A7

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 hitchhicker. 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 the subject Resembled a [redacted] Picture of the man that supposedly Killed Martin Luther King. That was Published in The Globe.

Approved

Investigating Officer Donald A. McAfee #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.)

FD-340 (REV. 6-24-65)

File No. 44-760-1410

Date Received 4/9/10/68

From Police Dept.
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Joplin Mo.
(CITY AND STATE)

By R. E. Hickson
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☑ No

Receipt given ☐ Yes ☑ No

Description:

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

KEEP ATTACHED TO EXHIBIT

KC 44-760-1810

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

Jerry C. Murdock
806 N. Ho
Old Cro
Westt. [illegible]
Plant on
2th and 2 Block
From sister
Jana
50313

AT 7-3147

ROMANS 10:8-10

GEORGE BRITTAIN, 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
49 E. 15th St

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

Rambler

GLEN SKIPWORTH

Bus. Phone 247-4341

8-22-12 BY SPICKLER

Manpower - 512 Broadway
U.S. Employ. Agency -
~~Ark~~ K. Employ. Div.
104 Center

Travelers Aid
Greyhound Bus Depot
809 N. Broadway

ONE HOUR
MARTINIZING
1838 N. GLENSTONE -:- SPRINGFIELD, MO.

Promised Fri 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
which on Thur
about 4 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!

Or 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 38111
A-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 N. 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.

ASTORIA 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 intercontinental 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 [illegible] 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 [illegible] To which of these groups do you belong?

4/10/68

Gynn 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 Edward

Jerry C. Murphy
[illegible]
[illegible] Blocks

PHONE 774-2373 MR. AND MRS. E. E. TIDWELL Manager

MILLS HOTEL
442 NORTH UNION AVENUE
P. O. BOX 276 OZARK, ALABAMA

DAILY RATES $3.00 & UP
WEEKLY RATES $12.00 & UP
MONTHLY RATES

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
1-27-68
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.
BI-STATE TRANSIT SYSTEM
Valid only 12:01 a.m. MONDAY to 3 a.m. of MONDAY following.
No. 11656

DR. WM. C. REED
PODIATRIST
SUITE 1405-A THE STEVENS BUILDING
17 NORTH STATE
CHICAGO 2
CENTRAL 6-1804-5

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

8-27-02

Lynn 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
Living Stone
Ask approaro to
Confirm

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!

Mr. Roscoe
5803 Russell
Baltimore
Lough Park Baptist

filed opt
+ KC pro

RM OAAN-5028 (7-

SOCIAL

EMPLOYEE'S NAME

Lynn Ro

ADDRESS

DATE THIS CARD ISSUED

1-2-68

SOCIAL SECURITY OFFICE

[redacted]

CARD IS EVIDENCE THAT
SOCIAL SECURITY ACCOUNT NU
YOUR EMPLOYER (SEE OTHER SI
HIM OF YOUR SOCIAL SECURIT
GET IT. IF YOU DO NOT GET YO
WITHIN THREE WEEKS CONTACT

(For social security purposes or

(EMPLOYEE)

SECURITY

[redacted]

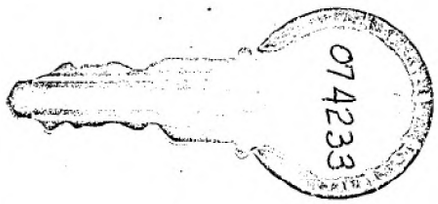
ATE CARD EXPIRES

21 days

ELEPHONE NUMBER

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

identi



4/10/68

~~found on~~
~~highway~~

~~[illegible]~~
belongs to

Key to Dortmund locked
or stolen.

found other key

DATE 8-22-02 BY Spicuk

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

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

mployee whose name is shown
which cannot be issued immediately
nbered card instead of his numbe
HER SIDE OF THIS CARD.

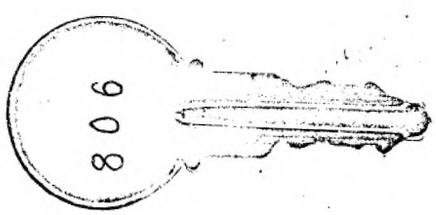
and address, the date this form was
dress of the District Office which

l security card as soon as he gets it
ate of this card.

ed this card to obtain the employee's
ives 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.

TMENT OF HEALTH, EDUCATION, AND WELFAR
SOCIAL SECURITY ADMINISTRATION



4/10/68

Bill Williams

LA 1-5341

DALLAS

Red Clyde Box --
Brookhollow Apt. DeSoto, Texas

Robert Berks
Tuscumbia
Sent, Bapl 187

Mr. Jos Myers
Box 253
Courtland, Ala.

4 June

12

6 June

30 - 35

6 - 12 June 5.

37

4

14

33

6 A.M.

383 - 1515
1516

Roger Becks

FD-340 (REV. 6-24-68)

File No. 44-760-1A11

Date Received 4/18/68

From Allan McCracken
(NAME OF CONTRIBUTOR)

Landmark Bldg.
(ADDRESS OF CONTRIBUTOR)

Spfld. Mo.
(CITY AND STATE)

By Earl A. Payson
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description:

Xerox copy of North American Van Lines waybill #T21658.

[illegible] IN CONTAINED
[illegible] UNCLASSIFIED
8-22-02 BY SP1CLK [illegible]

NORTH AMERICAN VAN LINES

NORTH AMERICAN BUILDING
FORT WAYNE, INDIANA 46801

Tel. 742-5451
Area Code 219

IN CASE OF NEED CONTACT:
Name of Carrier NORTH AMERICAN VAN LINES
At: Street Plant Operations
City Ft. Wayne State Ind. Phone

CONTRACT NUMBER	GBL NUMBER	TARIFF	SECTION	PACKING SCHD. A	B	C	D	COMMODITY	DATE
198326	11453	116B	4-2					TABULATING MACHINES	Apr. 30, 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 IBM Systems Mfg. Div.		CONSIGNEE Bowen & Richardson	
STREET 700 Banyan Trail		STREET Rainbow Ridge	
TOWN & STATE Boca Raton, Fla.	PHONE	TOWN & STATE Springfield, Mo.	PHONE
FLOOR		NOTIFY	

WEIGHT	ORIGINAL	REWEIGH	DESCRIPTION OF SERVICES		RATE	CHARGES	CODE
GROSS			NET WEIGHT 1275	MILES 2113	1.40	169.20	
TARE			NET WEIGHT – INTERLINE/OVERFLOW	MILES			
ACTUAL	1275 shippers weight		NET WEIGHT – INTERLINE/OVERFLOW	MILES			
			OTHER ACCESSORIAL CHARGES (LIST)	T / Q			
			CREDITS (IF ANY)				
			TOTAL CHARGES			169.20	

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 settlement.

IBM 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 released 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 6/18/68
☐ 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
	B.L. 4453 – [illegible]			
1401	4333	Desc.		
1	Drum [illegible]			
1	Ctr. [illegible]			

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

I.C.C.-MC-107012 X B J Parker X [illegible]
(Shipper Sign Here At Time of Loading) (Shipper or Consignee Must Sign Here at Delivery)

No. T 21658

Hauled By Pelletier Exp. Co. Code No. 711 Delivery Date 6/18/68

ORIGINAL—(Give to consignee at time of delivery.)
Form 0379 5/67

MADE IN U.S.A.

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

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 8-22-02 BY SP1CLK/bsl

Kc 44-760-1A 11

FD-340 (REV. 6-24-65)

File No. 44-760-1A8

Date Received 4-9-68

From Police Dept
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Joplin, Mo.
(CITY AND STATE)

By R. E. Greham
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☑ No

Receipt given ☐ Yes ☑ No

Description:

Arrest report of Joplin, Mo., P.D. by officers Forney & McAfee on 4-9-68 re Lynn Ray Cleveland

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE _____ BY _____

FD-340a (Rev. 6

(Title) MURKIN

(File No.) 44-760

1. FORTYONE KANSAS BIRTH CERTIFICATES OF INDIVIDUALS BORN — REC'D 4/19/68
2. WF442 (5 copies re Galt) in English " 4-19-68
3. WF442 (5 copies re Galt) in Spanish "
4. Handwritten letter from James E. Ray, 10-24-66 & psychiatric report — Rec'd 4-19-68
5. WF442-A (5 copies re Ray) in English " 4-19-68
6. WF442-A (5 copies re Ray) in Spanish "

Disposition:

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

44-760-1A1

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

APR 19
FBI — KANSAS CITY

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 8-22-02 BY SP1CLK/LSA

FD-340 (REV. 6-24-52)

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 8-22-02 BY SP1CLK bM

(1)

File No. 44-760-1A1

Date Received 4-18-68

From Irvin G. Tranzler
(NAME OF CONTRIBUTOR)

Director, Division of Vital Statistics
(ADDRESS OF CONTRIBUTOR)

Topeka, Kansas
(CITY AND STATE)

By J. C. Harold H. Umstead
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description: 41 Kansas Birth Certificates of individuals born

AFFIDAVIT FOR CORRECTION OF BIRTH CERTIFICATE

DO NOT WRITE IN THIS SPACE
221 - 652

PLACE OF BIRTH

County of Dickinson

Township of Grant

or City of Abilene

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

STATE OF KANSAS

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 .....

Legitimate? yes

Date of birth: July 20, 1931 (Month, day, year)

FATHER

Full name: Daniel Ward Young

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

Color or race: White

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

Birthplace (city or place): Abilene

(State or country): Dickinson Co., Kansas

OCCUPATION (At time of birth): Drug clerk

MOTHER

Full maiden name: Lila Birdell Brickei

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

Color or race: White

Mother's age: 20 years. (At time of birth of this child)

Birthplace (city or place): Woodbine

(State or country): Dickinson Co., Kansas

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

M. M. Mellor
Notary Public.

My commission expires January 3, 1945

Form I-28 19-7431-s 5-43—10M

(49)

STANDARD CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
STATE OF KANSAS

DO NOT WRITE IN THIS SPACE

221 632

1. PLACE OF BIRTH
County of Dickinson
Township of
or 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: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term X
7. Legitimate? yes
8. Date of birth July 20, 1931 (Month, day, year)

FATHER

9. Full name Daniel Ward Young
10. Residence (usual place of abode) (If nonresident, give place and state) 607 S Cedar
11. Color or race W
12. Age at last birthday 23 (Years)
13. Birthplace (city or place) Abilene (State or country) Kansas

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

MOTHER

18. Full maiden name Leila Birdel Brickel
19. Residence (usual place of abode) (If nonresident, give place and state) 607 S Cedar
20. Color or race W
21. Age at last birthday 20 (Years)
22. Birthplace (city or place) Hope (State or country) Kans

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None
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 ....., 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 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 (Born alive or stillborn) at 6 P. m. on the date above stated 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) J. R. Conkling Jr., M. D.
or ....., Midwife
Address Abilene Kansas
Filed Aug 14, 1931 W. E. Calkins Registrar.

- over -

(41)

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Montgomery

Township of

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.)

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

STATE OF KANSAS

DO NOT WRITE IN THIS SPACE
363 6671

2. 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 5. Number, in order of birth | 6. Premature Full term ✓ | 7. Legitimate? yes | 8. Date of birth July 20, 1931 (Month, day, year)

FATHER	MOTHER
9. Full name Wallace Elsworth Arrington	18. Full maiden name Mary Maxine Hamblin
10. Residence (usual place of abode) (If nonresident, give place and state) 1519 S. Elm	19. Residence (usual place of abode) (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 (State or country) Ill	22. Birthplace (city or place) Liberty (State or country) Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper	OCCUPATION 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. 15	24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. 15
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	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 (Born alive or stillborn) at 3 a. m. on the date above stated 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) [illegible], M. D.

or, Midwife

Address Coffeyville, Kans.

(Date of)

Filed AUG 1931 19

Registrar.

Registrar.

(39)

STANDARD CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

STATE OF KANSAS

DO NOT WRITE IN THIS SPACE

72 4415

1. PLACE OF BIRTH

County of Ottawa

Township of Buckeye

or 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.)

2. Full Name of Child La Verne Brown

{ If child is not yet named, make supplemental report, as directed.

3. Sex M. | If plural births { 4. Twin, triplet, or other Twins 5. Number, in order of birth 2 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 20 1931 (Month, day, year)

FATHER

9. Full name George Firmley Brown

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

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 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) (If nonresident, give place and state) Niles, Kansas

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

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

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 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 9 (b) Born alive but now dead ..... (c) Stillborn .....

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 (Born alive or stillborn) at 2:31 A. m. on the date above stated 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

J. S. Boyle Registrar.

(Signed) Chas C Boyle M. D.

or ..... Midwife

Address Bennington, Kansas.

Filed ..... 19 ..... Registrar.

(31)

STANDARD CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
STATE OF KANSAS

DO NOT WRITE IN THIS SPACE
72 4414

1. PLACE OF BIRTH
County of Ottawa
Township of Bickeye
or City of ..... No. ..... street. Reg. No. 72E
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full Name of Child Vern Brown
(If child is not yet named, make supplemental report, as directed.)

3. Sex M. | If plural births: 4. Twin, triplet, or other Twins | 5. Number, in order of birth 1 | Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 20, 1931 (Month, day, year)

FATHER

9. Full name George Firmley Brown
10. Residence (usual place of abode) (If nonresident, give place and state) Niles, Kansas
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 employed 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) (If nonresident, give place and state) Niles, Kansas
20. Color or race W. | 21. Age at last birthday 40 (Years)
22. Birthplace (city or place) Bennington, (State or country) Kansas.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, teacher, 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 employed 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 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 (Born alive or stillborn) at 2:30 a.m. on the date above stated 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.

(Signed) Chas. C. Boyle, M. D.
or ..... Midwife
Address Bennington, Kansas.
Filed ....., 19..... Registrar.

Given name added from a supplemental report
J. S. Boyle Date of ..... Registrar.

STANDARD CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

205 45996

1. PLACE OF BIRTH

County of Wyandotte

Township of

or City of Kansas City No. 1207 Scott Ave [redacted], Reg. No. 11 8 [illegible]

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

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

STATE OF KANSAS

2. Full Name of Child Lil Charles Cornelio (If child is not yet named, make [redacted]

3. Sex M.

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature; Full term

7. Legitimate? Yes

8. Date of birth [redacted]

FATHER	MOTHER
9. Full name Dave Cornelio	18. Full maiden name Rose Cobello
10. Residence (usual place of abode) (If nonresident, give place and state) 1207 Scott Ave K.C.K.	19. Residence (usual place of abode) (If nonresident, give place and state) Same
11. Color or race W 12. Age at last birthday 34 (Years)	20. Color or race W 21. Age at last birthday 31 (Years)
13. Birthplace (city or place) Cipolla Italy (State or country)	22. Birthplace (city or place) New Orleans (State or country) Louisiana
OCCUPATION 14. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer	OCCUPATION 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. Labor	24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc. Housework
16. Date (month and year) last engaged in this work July 20, 1931	25. Date (month and year) last engaged in this work July 20, 1931
17. Total time (years) spent in this work all	26. 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 5 (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 Born alive (Born alive or stillborn) at 1:20 p m. on the date above stated

and (did) [redacted] treat the eyes to prevent blindness.

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

or ....., Midwife

Address 322 Brotherhood Block K.C.K.

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.

Filed ..... 19 ..... Registrar.

13-1277 *

2025 RELEASE UNDER E.O. 14176

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Labette

Township of

or City of Chetopa 1431 No. street. Reg. No.

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

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

STATE OF KANSAS

DO NOT WRITE IN THIS SPACE
50 6946

2. Full Name of Child Ross Clorida Jr. (If child is not yet named, make supplemental report, as directed.)

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

FATHER

9. Full name Ross Wm Clorida

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

11. Color or race W | 12. Age at last birthday 29 (Years)

13. Birthplace (city or place) Dautha (State or country) Mo

OCCUPATION

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

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, 19 | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name May Rees

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

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

22. Birthplace (city or place) Bartonville (State or country) Ill

OCCUPATION

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.

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 3 (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 born alive (Born alive or stillborn) at 11:35 a m. on the date above stated 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. A. von Trebra, M. D.

or , Midwife

Address Chetopa, Kans.

Filed 8/15/31 H. R. Bell Registrar.

30

STANDARD CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

STATE OF KANSAS

DO NOT WRITE IN THIS SPACE
62 5126

1. PLACE OF BIRTH
County of Mitchell
Township of Glen Elder
or City of Glen Elder No. street. Reg. No.
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full Name of Child Carrol M. Casey (If child is not yet named, make supplemental report, as directed.)

3. Sex Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature No Full term Yes
7. Legitimate? Yes
8. Date of birth July 2, 1931 (Month, day, year)

FATHER
9. Full name Jay L. Casey
10. Residence (usual place of abode) Glen Elder (If nonresident, give place and state) Kansas
11. Color or race White 12. Age at last birthday 7[illegible] (Years)
13. Birthplace (city or place) Glen Elder (State or country) Kansas
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiling
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Gas & water
16. Date (month and year) last engaged in this work July 1931
17. Total time (years) spent in this work 18 yrs

MOTHER
18. Full maiden name Ethel Moore
19. Residence (usual place of abode) Glen Elder (If nonresident, give place and state) Kansas
20. Color or race White 21. Age at last birthday 28 (Years)
22. Birthplace (city or place) Kansas (State or country) Kansas
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, lawyer's 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 2 yrs

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 Born alive (Born alive or stillborn) at 1:00 P.m. on the date above stated 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)

(Signed) L. A. Abernathy M. D.
or Midwife
Address

Filed July 3, 1931 Rozel Edwards
Registrar. 13-1277 Registrar.

STANDARD CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

STATE OF KANSAS

DO NOT WRITE IN THIS SPACE
307 825

1. PLACE OF BIRTH
County of Brown
Township of Nuesion 2051
or City of Hiatoy No. Hiatoy Hospital street. Reg. No.
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full Name of Child Leland Creason Edmonds II
(If child is not yet named, make supplemental report, as directed.)

3. Sex Male | If plural births: 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)

FATHER

9. Full name Leland Creason Edmonds
10. Residence (usual place of abode) (If nonresident, give place and state) Hiatoy Kan.
11. Color or race White 12. Age at last birthday 29 (Years)
13. Birthplace (city or place) Tina (State or country) Mo
OCCUPATION
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. 129
16. Date (month and year) last engaged in this work Present time, 1931
17. Total time (years) spent in this work 5 yrs

MOTHER

18. Full maiden name Hazel Ann Parish
19. Residence (usual place of abode) (If nonresident, give place and state) Hiatoy Kan
20. Color or race White 21. Age at last birthday 24 (Years)
22. Birthplace (city or place) Kansas City (State or country) Mo.
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Keeper
24. Industry or business in which work was done, as own home, lawyers office, silk mill, etc.
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 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 (Born alive or stillborn) at 5:30 P. m. on the date above stated and (did) (did not) treat the eyes to prevent blindness.

(Signed) Edwin C. White M. D.
or M. D. or Midwife
Address 1032 Professional Bld Kansas City Mo
Filed 8/6, 1931 J. E. Berney Registrar.

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.

(34)

STANDARD CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
STATE OF KANSAS

DO NOT WRITE IN THIS SPACE
18 7803

1101-1

1. PLACE OF BIRTH
County of Cowley
Township of West Bolton
or
Kansas City, Kans. No. West Bolton Township street. Reg. No. 157
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full Name of Child Lloyd GILBERT ESTEP. (If child is not yet named, make supplemental report, as directed.)

3. Sex M
If plural births: 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)

FATHER

9. Full name Lawrence Ethmore Estep.
10. Residence (usual place of abode) (If nonresident, give place and state) Bolton Township.
11. Color or race W
12. Age at last birthday 24 (Years)
13. Birthplace (city or place) (State or country) West Bolton Township
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 now, 19
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Mildred Zarella Horne.
19. Residence (usual place of abode) (If nonresident, give place and state) Bolton Township
20. Color or race W
21. Age at last birthday 23 (Years)
22. Birthplace (city or place) (State or country) Arkansas City, Kansas
OCCUPATION
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 now, 19
26. Total time (years) spent in this work 3 yrs

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 (Born alive or stillborn) at 10:34, P. m. on the date above stated 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 A. Tufts, M. D.
or ..... Midwife
Address
Filed 8-7, 1931 Grant M. Acton Registrar.