FILED MAY 2 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15609

Registration District No. 615. Primary Registration District No. 5817. Registrar's No. 4.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Diamond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cheatham Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community: 32 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Diamond
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Riley Foster Cheatham 350
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Susan Cheatham
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: September (Month) 14 (Day) 1869 (Year)
8. AGE: Years 70 Months 6 Days 19 If less than one day hr. min.
9. Birthplace: Harrison Co. (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Medical Doctor
11. Industry or business:
FATHER 12. Name: John Warder Cheatham
13. Birthplace: Harrison Co. (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name: Mary Meyers
15. Birthplace: Harrison Co. (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant's own signature: Mrs. G. L. Zion
(b) Address: Nevada Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-5-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Republic Mo. Cemetery
18. (a) Signature of funeral director: Corley Thompson
(b) Address: Neosho Mo.
19. (a) 4-7-1940 (Date received local registrar) (b) Mrs. U. S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1940 hour 10:15 minute P. M.
21. I hereby certify that I attended the deceased from January 10th, 1940 to April 3, 1940 that I last saw him alive on April 3, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Carcinomatosis	5 months
Due to: Carcinoma of Prostate	8 months
Due to:	
Other conditions (Include pregnancy within 3 months of death): 51	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

875

23. Signature: Russell D. Harris (M. D. or other)
Address: Carthage, Mo. Date signed: 4/4/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Gail R. Gay, Registered Apprentice No. 189 working under my personal supervision.

Signed Bailey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.