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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22112

State File No.

Registration District No. 468 FILED JUL 17 1940 Primary Registration District No. 4277 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 24 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Odessa
(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 Barsha Mary Cheatham 352

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe

5. Color or race W

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

6. (b) Name of husband or wife J.T.Cheatham

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Apr. 11, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	1	25	hr. min.

9. Birthplace Austin (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation House wife 1

11. Industry or business 1

FATHER
12. Name T.W.Garvin
13. Birthplace Winchester (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary E. Saxton
15. Birthplace Austin (City, town, or county) Texas (State or foreign country)

16. (a) Informant J.T.Cheatham
(b) Address Odessa, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo. Cemetery 416

18. (a) Signature of funeral director L.C. Kersman
(b) Address Odessa. Mo.

19. (a) 6-7-1940 (Date received local registrar) (b) Mrs E.M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6
year 1940 hour 1 minute 00 p M.

21. I hereby certify that I attended the deceased from 5-17-, 1940 to 6-6-, 1940
that I last saw her alive on 6-6-, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Cervix	
Due to	
Due to 4	
Other conditions (Include pregnancy within 3 months of death)	
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

23. Signature E.B. Nisbet (M. D. ~~or other~~) 1
Address Odessa Mo. Date signed 6/7/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-15-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jerry L. Huswan

Licensed Embalmer No. 7541

P. O. Address Odessa Mo.

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

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