

LED AUG 21 1940

Registration District No.

Primary Registration District No. 0872

108

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Steele, Mo., R.F.D. # 1.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Steele, Mo. R.#1.
(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 Glenda Fay Cheek 200
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 2nd
year 1940 hour 1 minute 30 PM.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 22 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1
1940, to Aug 2, 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
2 10 _____ hr. _____ min.

Immediate cause of death Malacal fever
Cough
Duration _____

9. Birthplace Steele, Mo.
(City, town, or county) (State or foreign country)

Due to _____
Due to 9

10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business None

MOTHER FATHER { 12. Name Bruce Cheek
13. Birthplace Jackson Tenn
14. Maiden name Laura Ree Erwin
15. Birthplace Selmer Tenn
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Bruce Cheek
(b) Address Steele, Mo. R.# 1.

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? _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cemetery
18. (a) Signature of funeral director J.L. German
(b) Address Steele, Mo.
19. (a) 8/7/40 (Date received local registrar) (b) [Signature] (Registrar's signature)

23. Signature [Signature] (M. D. or other) 5017
Address Steele Mo. Date signed _____
While at work? _____ (Specify type of place) (e) Means of injury _____

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

8-40-32

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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