

**JAN 25 1940**  
Registration District No. **309**

Primary Registration District No. **4155**

Registrar's No. **43**

38  
1  
0

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

**1. PLACE OF DEATH:**  
 (a) County Gentry  
 (b) City or town Albany  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 2  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Elmira Cheatham Asher

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Joseph, Mo. **6. (c) Age of husband or wife if alive** 37 years

**7. Birth date of deceased.** April 14 1897  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>43</u>	<u>8</u>	<u>1</u>	hr. _____ min. _____

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

**10. Usual occupation.** Housewife

**11. Industry or business.** \_\_\_\_\_

**12. Name.** Chas. Cheatham

**13. Birthplace.** Chillicothe Mo.  
(City, town, or county) (State or foreign country)

**14. Maiden name.** Blanche Stagner

**15. Birthplace.** St. Louis, Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant.** Joseph, Asher

**(b) Address.** Albany, Mo.

**17. (a) Burial** Grandview **(b) Date thereof** Dec. 16, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation.** Grandview

**18. (a) Signature of funeral director.** [Signature]

**(b) Address.** Albany, Mo.

**19. (a) Dec. 14, 1940** [Signature] **(b) [Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Gentry  
 (c) City or town Albany  
(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.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec. day 14  
year 1940 hour 12:45 A.M.

**21. I hereby certify that I attended the deceased from** 11-21-1940 to 12-9-1940  
that I last saw her alive on 12-9-40 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation

Due to Chorea during most of her childhood

Due to \_\_\_\_\_

Other conditions General anisarcia  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_

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While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

**23. Signature** Frank H. Rose (M. D. or other) M.D.  
Address Albany, Mo. Date signed 12-16-40

Duration

years.

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 me

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

working under my personal supervision.

Signed

Clifford Brooke

Licensed Embalmer No. 3329

P. O. Address

Albany MO

**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.**