

JAN 25 1941

Registration District No. **309**

Primary Registration District No. **4155**

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 (Specify whether)
In this community years, months or days 2

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: Years Months Days If less than one day
43 8 1 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 (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 W. H. Martin

(b) Address Albany, Mo.

19. (a) Dec. 14, 1940 (b) W. H. Martin
(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 minute 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
Chorea during most of her childhood

Due to Chorea during most of her childhood

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? _____

23. Signature Frank H. Rose (M. D. or other) M.D.

Address Albany, Mo. Date signed 12-14-40

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

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

Chaffin 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.