

FEB 17 1941

Registration District No. 496

Primary Registration District No. 3025

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 207 S. Livingston
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
In this community 11 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME MAX EVERETT CHEEK

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 27 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 11 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Carl E. Cheek

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

14. Maiden name Margaret Adams

15. Birthplace Brookfield Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl E. Cheek

(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof Jan 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Hill Funeral Chapel

(b) Address Brookfield Mo

19. (a) 1-15-41 (b) M. H. Hussey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

(c) City or town Brookfield
(If outside city or town limits, write "RURAL")

(d) Street No. 207 S. Livingston
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1941 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 27 1940 at Brookfield, 19____, to Jan 13 1941 at Brookfield, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Malformation.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (a) Means of injury 2

23. Signature H. H. Patch (M. D. or other) 20

Address Brookfield Mo Date signed 1-11-41

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

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.

REV. 5-17-39. I X1931

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.