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4-41
17-39
X26390

JAN 6 1942 870
Registration District No. 870

Primary Registration District No. 6153

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural (Cale township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Sheffield, Mo Rt # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community 74 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED: 103
(a) State Mo (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sheffield, Mo Rt # 1 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Edith Cheek
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 11,
year 1941 hour 3:15 minute _____ M.
21. I hereby certify that I attended the deceased from Aug 1 - 1941
Oct 11 - 1941
that I last saw her alive on Oct 11 - 1941
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race w
6. (a) Single, widowed, married, divorced widowed
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased Mar 12, 1864
(Month) (Day) (Year)

Immediate cause of death:
Chronic
Due to Chronic
Due to Dysentery
Colotific
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
77 6 29 hr. _____ min.

9. Birthplace unknown Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER { 12. Name William Timlin

13. Birthplace unknown Canada
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Bell

15. Birthplace unknown Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Edith Bley

(b) Address Sheffield, Mo

17. (a) Burial (b) Date thereof 10/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Cemetery

18. (a) Signature of funeral director Funeral Home

(b) Address Alwada, Mo

19. (a) Oct 13 - #1 Mrs T.B. Quinn
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations 2 1/2
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? _____

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

23. Signature D. D. Quinn (M.D. or other)
Address Sheffield, Mo Date signed Oct 13/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Lloyd B. Winsett*

Licensed Embalmer No..... *3857*

P. O. Address..... *Newaday, 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, fact should be so stated above.