

Registration District No. 249

Primary Registration District No. 5334B

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Dallas
 (b) City or town Buffalo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Buffalo Mo. 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Buffalo Mo
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Susan Jane Cheek

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex f 5. Color or race w 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife John Cheek 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 4 18 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

MOTHER FATHER { 11. Industry or business _____

12. Name Robert Hutson
 13. Birthplace Hickory Co Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Emily Payne
 15. Birthplace Walloo Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Cheek
 (b) Address Buffalo Mo
 17. (a) Burial (b) Date thereof 4-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Macedonia

18. (a) Signature of funeral director L B Jones
 (b) Address Buffalo Mo
 19. (a) 4-17-42 (b) Mrs. Arthur Howell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11
 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from on
April 11, 1942,
 that I last saw her alive on April 11, 1942
 and that death occurred on the day and hour stated above.

Immediate cause of death Heart attack Duration 30 min

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

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) (e) Means of injury _____

23. Signature E B Hemmer (M. D. or other) MD
 Address Buffalo Mo Date signed 4-17-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

26390

APR 28 1942

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 *Clyde Montgomery*
Licensed Embalmer No. *3592*
P. O. Address *Buffalo Mo*

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10658

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Buffalo
(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.
In this community years, months or days

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

3. (a) PRINT FULL NAME Susan Jane Cheek
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19 year 1942 hour 10 minute 30 M.
21. I hereby certify that I attended the deceased from 1942 to 1942; that I last saw him alive on 1942 and that death occurred on the date and hour stated above. Immediate cause of death

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

Heart attack
Coronary Occlusion
Due to (See above) Duration 30 min
30 min

7. Birth date of deceased Apr - 18 1873
(Month) (Day) (Year)
8. AGE: Years 64 Months 0 Days 0 (If less than one day, in min.)

Due to Never saw this person before & she hadn't been to doctor. So no history could be obtained.
Other conditions (Include pregnancy within 3 months of death)

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

As you request I want to look at physician
Major findings: A dead person & tell what they died with
Of autopsy: Don't shud any more to me
Underline the cause to which death should be charged statistically.

10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (City, town, or county) (State or foreign country)
15. Birthplace (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 94a
(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?

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

18. (a) Signature of funeral director (b) Address

23. Signature Ed Kemmer (M. D. or other) Address Buffalo Mo Date signed 7-22-42

19. (a) (Date received local registrar) (b) (Registrar's signature)

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

SUPPLEMENTARY

S-10658

1942