S. No. 2
M—9-4-41
5-17-39
I X2916

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

Chaffee Mo.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4027

FILED FEB 23 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 1460

1. PLACE OF DEATH:

(a) County: ST. LOUIS

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

(c) Name of hospital or institution: FRISCO Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 HRS (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DEACESED: 100

(a) State: Mo. (b) County: SCOTT

(c) City or town: CHAFFEE (If outside city or town limits, write "RURAL") NR.

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3. (a) PRINT FULL NAME: HARRY V. CHEATHAM

3. (b) If veteran, name war: No

3. (c) Social Security No. 702-03-6802

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: ETHEL

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: OCT. (Month) 15 (Day) 1879 (Year)

8. AGE: Years 63 Months 3 Days 28 If less than one day hr. min.

9. Birthplace: GRAND TOWER (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation: CONDUCTOR

11. Industry or business: FRISCO RR

MOTHER FATHER

12. Name: JOHN CHEATHAM

13. Birthplace: DUQUOIN (City, town, or county) ILLINOIS (State or foreign country)

14. Maiden name: THALE WELLS

15. Birthplace: DUQUOIN (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant: Mrs Ethel Cheatham

(b) Address: Chaffee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 16 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Cape Girardeau Mo. Memorial Park Cem.

18. (a) Signature of funeral director: Bryerlinger Funeral Home

(b) Address: Chaffee Mo.

19. (a) FEB 15 1943 (Date received local registrar) (b) Jr. F. Budesa (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 13TH year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from FEB. 13-43, 1943, to FEB. 13, 1943 that I last saw him alive on FEB. 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to: Hypertension, Arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death): 9th

Major findings: Of operations:

Of autopsy:

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury:

Signature: David A. Goldman (M. D. or other) MD

Address: 4960 Lindell Date signed: 2/14/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1948

MAR 2 1948

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 William T. Hiers

Licensed Embalmer No. 4319

P. O. Address St. Louis 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.