

ED APR 9 1943

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wallace Memorial O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Lebanon  
(If outside city or town limits, write "RURAL")  
(d) Street No. 102 Lynn St (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RUTH EVA CHEEZUM

3. (b) If veteran, name war / 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 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 May 2 1923  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
19 10 25 hr. min.

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

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

12. Name Wm L Cheezum

13. Birthplace Webb City mo  
(City, town, or county) (State or foreign country)

14. Maiden name Eva B. Iness

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

16. (a) Informant Mrs Eva Cheezum

(b) Address 102 Lynn St Lebanon mo

17. (a) Burial (b) Date thereof May 30 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W. E. Holman

(b) Address Lebanon mo

19. (a) 2-43 (b) Graci Roper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27  
year 1943 hour 6 minute 07 A.M.

21. I hereby certify that I attended the deceased from 3-24 1943 to 3-27 1943  
that I last saw her alive on 3-27 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis  
nonbacterial  
Cerebrospinal

Duration  
1 wk

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature B. E. Harell (M. D. or other) MD

Address Lebanon Date signed 4-2-43

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

Received ..... **APR 6 1943** .....  
Laclede County Health Unit  
File No. .... *2-43-45* .....  
Date Filed... **APR 7 1943** .....

OCT 1 1 1950

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**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 *Dorsey M. Howe* .....  
Licensed Embalmer No. *4222* .....  
P. O. Address *Lebanon 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.**