No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13690

FILED MAY 13 1943

Registration District No. ~~85~~ 42

Primary Registration District No. ~~1001~~ 1000

Registrar's No. 45-8

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

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution: State Hospital No 2.2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 42 years 10 mo. 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(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 Robert S. Cheatam.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

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 October (Month) 16 (Day), 1862 (Year)

8. AGE: Years 80 Months 5 Days 27 If less than one day — hr. — min.

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

10. Usual occupation Architect

11. Industry or business

FATHER
12. Name John E. Cheatham
13. Birthplace Charlottesville, Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Malinda Waddell
15. Birthplace Maysville, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Records, State Hosp. # 2

(b) Address St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/13/43 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director Heaton-Pigott & Bowman Funeral

(b) Address 319 So. 10th St. - Home

19. (a) 4-13-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1943 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from January 20, 1943, to April 13, 1943 that I last saw him alive on April 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W G Rowe (M. D. or other)

Address State Hosp. # 2 Date signed 4-13-43

1233 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri

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 April 13-

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Frank H. Bowman

Licensed Embalmer No. 1710

P. O. Address St. Joseph Mo

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

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