

FILED FEB 8 1944  
Registration District No. **20**

Primary Registration District No. **4031**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Adrian  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at home 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 3 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Adrian  
(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 QUITERA CHEEVER

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 Wid  
6. (b) Name of husband or wife Stoughton Cheever 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 11 1856 (Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House

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

MOTHER FATHER  
12. Name Funk  
13. Birthplace Not Known (City, town or county) (State or foreign country)  
14. Maiden name Not  
15. Birthplace \_\_\_\_\_ (City, town or county) (State or foreign country)

16. (a) Informant Ead Mueller  
(b) Address Adrian Mo  
17. (a) Removal (b) Date thereof 1-22-44 (Month) (Day) (Year)  
(c) Place: burial or cremation New Kirk Okla

18. (a) Signature of funeral director Leath & Six  
(b) Address Adrian Mo  
19. (a) 1/21/44 (b) blaudis (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 5, 1943 to Jan. 15, 1944  
that I last saw her alive on Jan. 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia  
Due to fractured hip and infirmities of age  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 195 94  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) ✓ 007  
(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) (c) Means of injury \_\_\_\_\_  
23. Signature E. E. Robinson (M. D. or other) \_\_\_\_\_  
Address Adrian, Mo. Date signed 1-21-44

WRITE PLAINLY—USE UNFADING INK

RECEIVED

District Health Officer No. 71

File Number 1-44-83

Date 2-7-44

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.....

*Fred V. Greathart*

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

working under my personal supervision.

Signed *Fred V. Greathart*.....

Licensed Embalmer No. 3343

P. O. Address Adrian, 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.