

No. 2
-43
-17-39
X35897

FILED NOV 10 1945

Registration District No. 267

Primary Registration District No. 3049

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayti
(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: _____
(Specify whether years, months or days) three months

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pemiscot
(c) City or town Hayti
(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 Joseph Edward Cheek

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice P. Cheek 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 27, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	6	24	hr. _____ min.

9. Birthplace Newton County, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

MOTHER FATHER
12. Name George Cheek
13. Birthplace Newton Co. Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Betty Bunch
15. Birthplace Newton Co. Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Ray
(b) Address Hayti, Mo.

17. (a) Removal, Tenn (b) Date thereof 10-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Tenn.

18. (a) Signature of funeral director Valhalla Funeral Home

(b) Address Hayti, Mo

19. (a) 10-23-45 (b) Virgil Morgan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1945 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 15th 1945 to Oct. 21st 1945
that I last saw him alive on 10/20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Duration 1 year

Due to _____
Due to _____

Other conditions Hypertrophied heart
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION

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 J. D. Denton, M.D. (M. Denton)
Address Hayti, Mo Date 10/22/45

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

10-45-202

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 *Jack Kelly*

Licensed Embalmer No. *3788*

P. O. Address *Hayt. 9mo*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Nov

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Hayti
 (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 _____ (Specify whether _____)
 In this community _____ (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME Joseph E. Cheek
 3. (b) If veteran name war _____
 3. (c) Social Security No. _____

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

7. Birth date of deceased mar 27
 (Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days _____
 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

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

16. (a) Informant _____
 (b) Address _____

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

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

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him/her alive on _____, 19____,
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Chronic Nephritis
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death) 131b

Major findings: _____
 Of operations _____
 Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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)
 (c) Means of injury _____
 23. Signature L. D. Denton (M. D. or other) MD
Hayti, Mo Date signed 11/14-45
 Address _____

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

SUPPLEMENTARY

34289