

FILED JUL 8 1946
 Registration District No. **32** Primary Registration District No. **5103-5109**

18330
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Bollinger
 (b) - City or town Rural Creek
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home - 5 miles North of Lutesville MO
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County Bollinger
 (c) City or town Rural Creek
(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 Rachel Katherine Cheek
 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 MARRIED
 6. (b) Name of husband or wife J.S. Cheek 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased January 9 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>23</u>	<u>5</u> hr. <u>15</u> min.

9. Birthplace Bollinger (City, town, or county) (State or foreign country) 0
 10. Usual occupation House wife

11. Industry or business _____
 12. Name Peter Rhodes
 13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
 14. Maiden name Nerseh Kinder
 15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant U.S. Cheek
 (b) Address Bessville MO.
 17. (a) Burial (b) Date thereof June 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Plain View

18. (a) Signature of funeral director Glenn Kinder
 (b) Address Lutesville
 19. (a) June 25 1946 (b) Willie VanCumber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 23 year 1946 hour 9 minute 10 P. M.
 21. I hereby certify that I attended the deceased from Sept 1st 1944 to June 23rd 1946
 that I last saw him alive on June 23rd 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction
 Due to Myocardial infarction
 Due to Myocardial infarction
 Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 9/31/46
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence no
 (c) Where did injury occur? no (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 0
 23. Signature W.D. Sample (M. D.)
 Address Lutesville Mo Date signed 6/24/46

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 4
District File Number 746-2288
Date Filed 7-6-46

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 Glen Wilson

Licensed Embalmer No. 2858

P. O. Address Jackson Md

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.