S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23536

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3245

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2209 Wabash
(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)
In this community 3 Weeks

2. USUAL RESIDENCE OF DEATH:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2209 Wabash
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Cheatum
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bud Cheatum
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 1875 (Month) (Day) (Year)

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

9. Birthplace Unknown (City, town, or county) Ca (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Boyd Hubbard
13. Birthplace Bloomfield, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rennia King
15. Birthplace Bloomfield, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Bud Cheatum
(b) Address 328 SW 9th St. Fulton, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/27/46 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Missouri
18. (a) Signature of funeral director Willard Bros
(b) Address 729 Lydia Ave
19. (a) 7-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1946 hour 2 minute 55 AM.
21. I hereby certify that I attended the deceased from July 8, 1946 to July 25, 1946; that I last saw h. alive on July 25, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aortic + Mitral Insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92 lb	
Major findings: Of operations	
Of autopsy no	

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 L. W. Rooker (M. D. or other)
Address 2028 Vine Date signed 7/26/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. W. Banks

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 D. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.