

FILED AUG 27 1948

Registration District No. 27Primary Registration District No. 5117Registrar's No. 18

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Ashland P.E.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Life
years, months or days3. (a) PRINT FULL NAME Henry Philip Cheavens3. (b) If veteran, name war - 3. (c) Social Security No. -4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Magdalene Cheavens 6. (c) Age of husband or wife if alive 76 years7. Birth date of deceased SEPT 30 1874
(Month) (Day) (Year)8. AGE: Years 73 Months 10 Days 19 If less than one day hr. _____ min. _____9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Minister Retired

11. Industry or business _____

12. Name Henry M. Cheavens13. Birthplace Penn.
(City, town, or county) (State or foreign country)14. Maiden name Sallie Ann Salt15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Paul Cheavens
(b) Address Mc Baine17. (a) Burial (b) Date thereof 8-21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Salem Cem.18. (a) Signature of funeral director W. P. Burnett
(b) Address Ashland Mo.19. (a) 8-19-48 (b) Mrs. Mildred Burnett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Ashland 0
(If outside city or town limits, write "RURAL") 0(d) Street No. _____
(If rural, give location) 0(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1948 hour 4 minute P M.21. I hereby certify that I attended the deceased from Jan 1948 to Aug 19 1948
that I last saw him alive on Aug 19 1948
and that death occurred on the date and hour stated above. 1948

Immediate cause of death _____

Carcinoma of Stomach

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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 W. P. Burnett (M. D. or other) _____
Address Ashland Mo Date signed 8-19-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number AUG 27 1948
Date Filed

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

W. M. Burnett

Licensed Embalmer No.

3564

P.O. Address

Osland No.

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.