

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wetzel Hospt  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community all life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R P #  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Campbell Lutes Cheatham

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lilla 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased Dec 1 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Henry Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Veterinarian

11. Industry or business .....

MOTHER FATHER { 12. Name Claude E. Cheatham  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Jemima  
15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lilla Cheatham  
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 12-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cypresswood

18. (a) Signature of funeral director Johnson & Beck  
(b) Address Clinton Mo

19. (a) December 13 1944 (b) Georgia Kitchen  
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
year 1944 hour 6:30 minute ..... A.M.

21. I hereby certify that I attended the deceased from Dec 9  
1944 19 ....., to Dec 11 19 44  
that I last saw him alive on Dec 11 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration .....

Arteriosclerosis  
Due to Diabetes  
Nephritis (Chronic)  
Due to .....

Other conditions .....

Major findings: Of operations 41  
Of autopsy .....

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?  
.....  
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Geo W. ... (M.D. or other) do  
Address Clinton Mo Date signed Dec 14 44

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

2  
1  
2

RECEIVED  
District Health Officer No. 7,  
District File Number 12-44-1476  
Date Filed 1-11-45

MAY 16 1945

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.....

working under my personal supervision.

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

Signed.....

*J. E. Brissard*

Licensed Embalmer No. 1891

P. O. Address Christos 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.