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FILED JUL 27 1948
Registration District No. 737

Primary Registration District No. 4218

State File No. _____
Registrar's No. ~~135~~ 135

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mrs. Morris Gray's Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether _____)

In this community _____
years, months or days 3 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Calhoun
(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 James Harrison Cheatham

(b) If veteran, name war _____

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 48 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 15
1948, to July 20 1948
that I last saw him alive on July 20 1948
and that death occurred on the day and hour stated above.

4. Sex male (f) Color or race white

5. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Efrel Cheatham

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct 11 1874
(Month) (Day) (Year)

Immediate cause of death Cerebral Aneurysm Duration 7 days

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

73	9	9	hr. _____ min. _____
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Due to _____

Due to _____

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

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

10. Usual occupation Merchant

Major findings: _____
Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name Harrison Lewis Cheatham

13. Birthplace Mt Sterling, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sally Dettler

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Efrel Cheatham

(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof: July 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature George W. ... (M. D. or other) MD
Address Windsor Mo Date signed 7-21-48

18. (a) Signature of funeral director R. R. Kennedy

(b) Address Calhoun Mo

19. (a) 7-22-48 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

RECEIVED
District Health Officer No. 7
District File Number 83
Date Filed 7-26-1918

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 myself,
Registered Apprentice No. _____,
working under my personal supervision.

Signed J. A. Housey
Licensed Embalmer No. 3502
P. O. Address Calhoun 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.