

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Murada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
416 N. Colorado
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 yrs _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Vernon
(c) City or town Murada
(If outside city or town limits, write "RURAL")
(d) Street No. 816 N. Colorado
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1941 hour 5:15 minute P M.
21. I hereby certify that I attended the deceased from May
1940 to Feb 1 1941
that I last saw him alive on Feb 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Senility
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? 5 _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature N. B. Brown (M. D. or other) _____
Address Litchfield Mo _____ (Specify type of place)
Date signed 2/26/41 _____ (Specify means of injury)

3. (a) PRINT FULL NAME William Chadrick Cheek

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Cheek 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Feb 7, 1849
(Month) (Day) (Year)

8. AGE: Years 92 Months 0 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Litchfield Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Robert Cheek

18. Birthplace Litchfield Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Williams

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

16. (a) Informant E. H. Cheek
(b) Address 415 N. 7th Murada

17. (a) Burial (b) Date thereof 2/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dyersfield Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Murada, Mo
19. (a) 3-3-41 (b) Allen V. Hays
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 4-41-617

Date Filed 4-7-41

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

Lloyd B. Winfield

Licensed Embalmer No.

3857

P. O. Address

Wuoda, 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, above space should be left blank.