

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18656

Registration District No. 6372

Primary Registration District No. 4388

Registrar's No. 36

78  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Permissoit  
(a) County New Madrid  
(b) City or town New Madrid, Caruthers  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 6 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: <sup>72</sup>  
(a) State Mo (b) County New Madrid  
(c) City or town New Madrid, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: James Robt Cheatham  
(b) If veteran, name war  (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr day 15  
year 1942 hour 3 minute 15 P.M.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ruby Barley Cheatham 6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased: June 28 - 1923  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
18 9 17 hr. min.

Due to Accidental Drowning in Mississippi River  
Due to overturned boat  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Major findings: 163-3  
Of operations \_\_\_\_\_  
Of autopsy 2/2  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Geo Cheatham  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Esther Perquess  
15. Birthplace Portageville, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Holder Carter  
(b) Address Marston, Mo  
17. (a) Funeral (b) Date thereof May 1 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 078  
(b) Date of occurrence Apr 15 1942  
(c) Where did injury occur? New Madrid, Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Mississippi River  
(Specify type of place)

18. (a) Signature of funeral director Richards and Co  
(b) Address New Madrid, Mo  
19. (a) 4-30-1942 (b) Jessie A. Markey  
(Date received local registrar) (Registrar's signature)

23. Signature James R. Carter (M.D. or other)  
Address Marston, Mo Date signed 4/15/42

1206 (Licensed Embalmer's Statement on Reverse Side)

MAY 26 1945 - 42-9

**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..... *No* .....

Licensed Embalmer No.....

P. O. Address.....

**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.**