

No. 2
4-13-40
5-17-39
PI X23159

FILED JUL 20 1942
Registration District No. 278

Primary Registration District No. 5526

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00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Howard,
(b) City or town Richmond "RURAL"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME 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 _____ years, months or days

3. (a) PRINT FULL NAME Cecil Margaret Cleek.
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife George William Cleek, alive 44 years (c) Age of husband or wife if _____ years
7. Birth date of deceased May 12th 1899 (Month) (Day) (Year)

8. AGE: Years 43 Months I Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James Stockwell,
13. Birthplace Iowa, (City, town, or county) (State or foreign country) 1
14. Maiden name Elizabeth Bruce,
15. Birthplace Missouri, (City, town, or county) (State or foreign country) 0

16. (a) Informant George W. Cleek
(b) Address Harrisburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9th 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant.

18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.

19. (a) 7-9-42 (Date received local registrar) (b) Thomas S. Downing (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Howard, 45
(a) State MISSOURI, (b) County 0
(c) City or town Richmond "RURAL" (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8 year 1942 hour 3 AM minute _____ M.
21. I hereby certify that I attended the deceased from June 30th 1942 to July 8, 1942
that I last saw her alive on June 30th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease

Due to unknown

Due to _____

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations Blacks
Of autopsy no

Duration
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. E. Richards (M. D. or other) _____
Address Fayette Mo Date signed 7-8-42

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 7-16-42

JUL 20 1942

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

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.