

FILED NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9455**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**BARNES HOSPITAL**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois**  
(c) City or town **Esther**  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **William Thomas Cheesebrough**

3. (b) If veteran, name war **World War #1** 3. (c) Social Security No. **493-03-9149**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Dora** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **March 5, 1877** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>8</b>	<b>6</b>	.....hr. ....min.

9. Birthplace **St. Genevieve Co., Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Contractor**

11. Industry or business.....

12. Name **Joseph Cheesebrough**

13. Birthplace **St. Genevieve Co., Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Becky Woolford**

15. Birthplace **St. Genevieve Co., Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Carroll Cheesebrough**  
(b) Address **Esther, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-14-42** (Month) (Day) (Year)

(c) Place: burial or cremation **Farmington, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**  
(b) Address **4700 Washington Blvd.**

19. **NOV 12 1942** (Date received local registrar) (b) **J F Bredbeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **11** year **1942** hour **8** minute **15** AM

21. I hereby certify that I attended the deceased from **October 20** 19**42** to **November 11** 19**42** that I last saw him alive on **November 11, 1942** and that death occurred on the date and hour stated above

Immediate cause of death **Cardiac failure** Duration  
**Chronic myocarditis**

Due to **Multiple Pulmonary abscesses**  
**Pneumonia, bronchial**

Other conditions **Senility**  
(Include pregnancy within 3 months of death)

Major findings: **mult. pulm. abscesses**  
Of operations.....  
Of autopsy **as above**

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.....

23. Signature **J R Bradley** (M. D. or D.O.)  
Address **BARNES HOSPITAL** Date signed **11-11-42**

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

Howe Charles

18

94  
0  
2  
W.R.

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**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..... *W. Wilkerson*  
Licensed Embalmer No..... *3575*  
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.**