

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County DALLAS
(b) City or town Buffalo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 1/2 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
(c) City or town Buffalo Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st
year 1944 hour Ten minute 30 M.

21. I hereby certify that I attended the deceased from
Feb. 1 1944 to Feb 1 1944
that I last saw him alive on Feb. 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
3 months pneumonia -
lived one-half hour.

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death) 159

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 2

23. Signature [Signature] (M. D. or other) D.O.
Address Buffalo, MO. Date signed 2/7/44

3. (a) PRINT FULL NAME David Gene Cheek

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 30
If less than one day hr. 30 min.

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

10. Usual occupation Steel worker

11. Industry or business _____

12. Name Thomas E Cheek

13. Birthplace Dallas Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name May Jane Sible

15. Birthplace Dallas Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas E Cheek

(b) Address Buffalo Mo

17. (a) Burial (b) Date thereof Feb 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bayton Branch

18. (a) Signature of funeral director L B Jones

(b) Address Buffalo Mo

19. (a) Feb 1 1944 (b) L B Jones
(Date received local registrar) (Registrar's signature)

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

1371

Dist. of Buffalo DIST NO 7
LIC. NO. 2-44-242
2-7-44

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 Charles A Roof

Licensed Embalmer No. 3044

P. O. Address Buffalo, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.