No. 2
8-43
7-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

Registration District No. 335

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4492

State File No. 15930

Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Oran
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Oran
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Charles William Cheney
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 Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Jan (Month) 4 (Day) 1866 (Year)

8. AGE: Years 78 Months 3 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace Scott Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Charles Cheney
13. Birthplace Scott Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Francis Moore
15. Birthplace Scott Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant C C Myers
(b) Address Oran
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Friend Oran Mo
18. (a) Signature of funeral director Bistlinghoff & Hubbard
(b) Address Chaffee Mo
19. (a) 6/4/44 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25 year 1944 hour 6 minute — A.M.
21. I hereby certify that I attended the deceased from 3/30 1944 to 4/25 1944 that I last saw him alive on 3/30 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endocarditis	?
Due to	
Due to	
Other conditions Carcinoma of Rectum (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

55d

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

23. Signature [illegible] (M. D. or other)
Address Oran Mo Date signed 4/27/44

132 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 544-722
Date Filed 5-11-44

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 Mamie Berglinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee Mo

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

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