V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31153

FILED OCT 12 1945

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 257

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 414 1/2 S. OHIO 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 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80

(c) City or town ~~908~~ SEDALIA 6
(If outside city or town limits, write "RURAL")

(d) Street No. 908 1/2 W. THIRD ST. 4
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RICHARD CHEATHAM

3. (b) If veteran, name war

3. (c) Social Security No. 550-01-8375

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife ANNA

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

7. Birth date of deceased 7 (Month) - 26 (Day) - 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	29	hr. min.

9. Birthplace LONGWOOD (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name WILLIAM C. CHEATHAM
13. Birthplace (City, town, or county) TENN 1 (State or foreign country)

MOTHER
14. Maiden name SARAH ANN GLASS
15. Birthplace PETTIS Co. (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant MRS RICHARD CHEATHAM
(b) Address SEDALIA, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-28-1945 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA MO

19. (a) 9/28/45 (Date received local registrar) (b) A. J. Campbell (Registrar's signature)

1486 Deputy: Betty Yeager

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
year 1945 hour 9 minute P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ as coroner
9/25/, 1945, to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Dr. K. L. Holden Coronary ~~(M. D.~~ or other) D.O.
Address 329 Ilgenfrite Bldg Sedalia, Mo. Date signed 9/25/45

(Licensed Embalmer's Statement on Reverse Side)

10-10-45

NOV 9 1945

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.