S. No. 2
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I X32873

100032

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1946

State File No. 1957

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 169

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 933 E. Lafayette 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 or 8 years (Specify whether years, months or days) In this community yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

(c) City or town Mexico (If outside city or town limits, write "RURAL")

(d) Street No. 933 E. Lafayette St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPH CHEATOM

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dina CHEATOM

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased unknown (Month) (Day) 1865 (Year)

8. AGE: Years 80 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Callaway (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Frank Cheatom
13. Birthplace — unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Boulwain
15. Birthplace — unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant David Cheatom

(b) Address 1010 E Lafayette St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Mo

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia Missouri

19. (a) Dec 30-45 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 27 day year 1945 hour 11 30 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-1-, 19__ to 12-27, 19__ that I last saw him alive on 12-27, 19__ and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Ector (M. D. or other)

Address Mexico Mo Date signed Dec 30-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-46-217
Date Filed JAN 26 1946

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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia Mo

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.