

U. S. No. 2  
OM-9-4-41  
Rev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23324

State File No.

Registrar's No.

FILED AUG 1 1942

Registration District No. 399

Primary Registration District No. 1002

2759

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

48  
3  
8

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4110 Linwood Blvd.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 26 years  
(Specify whether years, months or days)  
 In this community 26 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4110 Linwood Blvd.  
(If rural, give location)  
 (e) Citizen of foreign country? NO. (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Oliver M. CHESNEY  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife Mary Chesney  
 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased November 26th, 1854  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>7</u>	<u>21</u>	hr. min.

9. Birthplace Abbingtion, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Manager & Owner

11. Industry or business Advertising Company

12. Name Hent Chesney

13. Birthplace Abbingtion Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Jane

15. Birthplace unk 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ralph J. Chesney, Son

(b) Address 4110 Linwood Blvd., K.C. Mo.

17. (a) Burial (b) Date thereof 7/20/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah.h

18. (a) Signature of funeral director Melody-McGilley

(b) Address K.C. Mo.

19. (a) 7-20-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 17 th  
 year 1942 hour 4:35 minute p.m. M.  
 21. I hereby certify that I attended the deceased from Feb. 22  
 1942, to July 17, 1942  
 that I last saw h. in alive on July 16, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Sudden  
Arterio-sclerosis (Cerebra)  
with myocardia  
Decomposition after a  
period of 2 months.  
Do not steady progressive disease  
with no special system involved

Other conditions 97  
(Include pregnancy within 5 months of death)  
 Major findings: 97  
 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?

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

23. Signature Ralph J. Chesney (M. D. or other)  
 Address 1202 Professional Bldg Date signed 7/20/42

361

*D. Droyles*

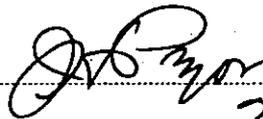
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No.....

*2017*

P. O. Address.....

*KC*

**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.**