S. No. 2
M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18665

FILED MAY 20 1943

Registration District No. 274

Primary Registration District No. 5930

Registrar's No. 179

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

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Hughesville, Rural
(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: 51 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis

(c) City or town: Hughesville, Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: R. R. #1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: Anna McChesney Lower

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Nat

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

7. Birth date of deceased: February (Month) 25 (Day) 1866 (Year)

8. AGE: Years 77 | Months 1 | Days 0 | If less than one day: hr. min.

9. Birthplace: Lafayette County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: William King McChesney
13. Birthplace: Abington (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Julia Frances Latham
15. Birthplace: Abington (City, town, or county) Virginia (State or foreign country)

16. (a) Informant: F. L. McChesney
(b) Address: Springdale, Arkansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Longwood, Missouri

18. (a) Signature of funeral director: McLaughlin Bros.
(b) Address: Sedalia, Missouri

19. (a) 3-27-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25 year 1943 hour 12 minute 50 M.

21. I hereby certify that I attended the deceased from may 1940 to Mar 25 1943 and that I last saw her alive on Mar 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Ditalation	3 hours
Due to: Overexertion	
Due to: Mitral Incompetency	3 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 92 L
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: John W. McNeil (M. D.)
Address: Longwood Date signed: 3-27-43

1622 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 8-19-43

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.