

**FILED MAR 27 1944**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **3002**

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:  
**Mexico General Hospital 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days**  
In this community **Life**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**  
(c) City or town **Mexico**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1003 W. Mansfield St**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William Clay Jesse**

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 **Married**  
6. (b) Name of husband or wife **Laura Belle Jesse** 6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **September 12, 1865**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78** **6** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Audrain County, Missouri 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **William C. Jesse**  
13. Birthplace **Va. 1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Minerva Black**  
15. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Jesse**

(b) Address **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **3/14/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood, Mexico, Mo.**

18. (a) Signature of funeral director **Tal E. ...**

(b) Address **Mexico, Mo.**

19. (a) **Mar 14-44** (b) **Margaret H. Mackie**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12**  
year **1944** hour **6** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **March 1, 1944** to **March 12, 1944**  
that I last saw him alive on **March 12, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure** Duration **2 days**

Due to **Chronic interstitial nephritis**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **12/a**  
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?

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

23. Signature **H. J. ...** (M. D. or other) **MD**  
Address **Mexico Mo** Date signed **3-6-44**

1074

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

2  
2  
39  
32873

MAR 27 1944

**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.....

.....**Earl E. Precht** Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Earl E. Precht*

Licensed Embalmer No. **3189**

P.O. Address **Mexico, 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.**