

FILED AUG 20 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 116

Primary Registration District No. 4187

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union
(c) Name of hospital or institution Delmar 1009 n. 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 10 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Union
(If outside city or town limits, write "RURAL")
(d) Street No. 1009 n. Delmar
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles Robert Chesley

3. (b) If veteran, name war _____

3. (c) Social Security No. 708-14-4008

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace Chesley 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 9th 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 17 hr. min.

9. Birthplace Missouri mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Section Labor

11. Industry or business _____

12. Name Henry Mack Chesley

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

14. Maiden name Mary Francis Musellen

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

16. (a) Informant Mrs Charles Chesley

(b) Address Union Mo.

17. (a) Burial (b) Date thereof 7/29/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Placent Hill

18. (a) Signature of funeral director E. F. Ottmann

(b) Address Union Mo

19. (a) 7/27/45 (b) Edward C. Peger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th
year 1945 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from 7-26 to 7-26 1945
that I last saw h. / m. alive on 7-25 and that death occurred on the date and hour stated above.

Immediate cause of death A. poplexy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations (C) (W)

Of autopsy ()

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 Wm. Denny (M. D. or other) MD

Address Union Mo Date signed 7-27-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

36
050

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

8-19-45

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 _____

E. F. Olthmann

Licensed Embalmer No. 1686

P. O. Address. Union 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.