

S. No. 2  
M-8-43  
7-5-17-39  
P-1 X37823

1565

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED** JAN 21 1946  
199

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 5395

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Osceola City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: H.C. Conzelmann Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 mo. 13 da.  
(Specify whether  
In this community 1 1/2 mo.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54  
(c) City or town Osessa 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 207 S. Second St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bessie Armstrong M'Chesney

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 12 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Retired

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

MOTHER FATHER

12. Name Thomas H M'Chesney

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

14. Maiden name Sallie Armstrong

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

16. (a) Informant Wm. T. L. M'Chesney

(b) Address Osessa Mo

17. (a) Burial (b) Date thereof Dec 26-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osessa Cem

18. (a) Signature of funeral director Bliss Hone  
(b) Address Osessa Mo

19. (a) 12-28-45 (b) S. Geraldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1945 hour \_\_\_\_\_ minute 1:48 M.

21. I hereby certify that I attended the deceased from 2-10-45  
19\_\_\_\_ to 12-23-45 19\_\_\_\_

that I last saw h. alive on 12-23-45 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: a?  
Of operations \_\_\_\_\_

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 0

23. Signature J. Mansour (M. D. or other)  
Address 3200 N. ... Date 12-28-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

100342 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *Clifton R. Bliviere*  
Licensed Embalmer No. *2945*  
P. O. Address *Olson, 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.**