

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

NOV 15 1947

Registration District No. 821

Primary Registration District No. 3072

Registrar's No. 219

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
791 East Eastwood  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community Since 1904  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall  
(If outside city or town limits, write "RURAL") 1

(d) Street No. 791 East Eastwood 2  
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Jack Wiley McChesney

3. (b) If veteran, name war \_\_\_\_\_

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 Ruby McChesney

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 30th, 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>5</u>	<u>2</u>	hr. min.

9. Birthplace Manchester, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Photograph studio

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

MOTHER FATHER { 12. Name Robert McChesney

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

14. Maiden name Roxie Anna Jones

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

16. (a) Informant Marjorie McChesney

(b) Address 791 East Eastwood, Marshall, Mo.

17. (a) Burial (b) Date thereof Nov. 5, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Charles Lewis

(b) Address Marshall, Mo.

19. (a) Nov. 5th, 1947 (b) Sidney T. Gray  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1947 hour 3 minute 15 M. P.

21. I hereby certify that I attended the deceased from 11-2-47 to 11-2-47, 1947.  
that I last saw him alive on 11-2-47 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris 15 min.  
Duration \_\_\_\_\_

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

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

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

Major findings: 94B

Of operations \_\_\_\_\_

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 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Marshall Mo. Date signed 10/3/47

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

FEB 26 1948  
JAN 2 1948  
FEB 13 1948  
RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-15-47

OCT 8 1952

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 W. W. Campbell Jr.

Licensed Embalmer No. 3467

P. O. Address Marshall, 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.