No. 2
—5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37692

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 292

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Huntsville 1
(If outside city or town limits, write "RURAL")
(d) Street No. Library Street 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Tessa May Cheshier
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 married
6. (b) Name of husband or wife Dr. J.W. Cheshier
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 24 (Day) 1879 (Year)
8. AGE: Years 69 Months 1 Days 24 If less than one day hr. min.
9. Birthplace Audrain County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name ? Williamson 9
13. Birthplace Don't know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace Don't know (City, town, or county) (State or foreign country) 9
16. (a) Informant Dr. J.W. Cheshier 1
(b) Address Huntsville, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/19/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri
18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville Mo.
19. (a) Nov. 20-48 (Date received local registrar) (b) Mrs Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 year 1948 hour 2:30 P.M. minute M.
21. I hereby certify that I attended the deceased from 9/4/48, 19 to 11/17/48 that I last saw her alive on Nov. 16 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary artery occlusion	about 18 days
Due to Coronary artery disease	
Due to and myocardial fibrosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? 2
(Specify type of place)
While at work? (e) Means of injury
23. Signature Geo. M. Esselman (M. D. or other) Do.
Address Huntsville, Mo Date signed 11/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-68-1988
Date Filed NOV 22 1948

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 Paul T. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.