

FILED JAN 10 1942  
Registration District No. 324

Primary Registration District No. 6093

State File No. \_\_\_\_\_  
Registrar's No. 194

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:  
Saline Co Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 3 months  
(Specify whether in hospital or institution)

In this community 100 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

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

(d) Street No. Saline Co Home  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RACHEL WESLEY

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

4. Sex F 5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years about 104 Months Unknown Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saline Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Private Home

12. Name Unknown

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Jackson

(b) Address Marshall Juc Mo

17. (a) Marshall (b) Date thereof 12 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director F. T. Ferguson

(b) Address Sedalia Mo

19. (a) 12-7-42 (b) M. O. Uebelhoek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 20 1942 to \_\_\_\_\_ 1942; that I last saw her alive on Nov 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of lower leg

Due to Thrombus

Due to Hypertension

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

Major findings: Of operations 98 1 2

Of autopsy \_\_\_\_\_

Duration 2 Wk

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

Address Marshall Date signed 12-7

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

MOTHER FATHER

12 W

(Licensed Embalmer's Statement on Reverse Side)

1942

RECEIVED

District Health Officer No. 8,

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

Date Filed 1-15-43

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**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 \_\_\_\_\_

*F. D. Ferguson*

Licensed Embalmer No. 2172

P. O. Address Sedalia

**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.**