No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1942

Registration District No. 376

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6691

Primary Registration District No. 2001

Registrar's No. 91

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 da (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ~~Greene~~ Webster 1/2

(c) City or town ~~Rural~~ Elkland 1/2 & Rural. (If outside city or town limits write "RURAL")

(d) Street No. 1 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Oscar G. KESSLER

3. (b) If veteran, name war No

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 Louisa Jane Kessler

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug (Month) 17 (Day) 1860 (Year)

8. AGE: Years 81 Months 5 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Doctor of Medicine

11. Industry or business

FATHER
12. Name Henry Kessler
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Louisa J. Kessler

(b) Address Elkland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Near Buffalo

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo

19. (a) 2-2-42 (Date received local registrar) (b) DD & WG Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2nd year 1942 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from Jan 26, 1942 to Feb 1, 1942 that I last saw him alive on 2/1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio-sclerotic Heart Disease	
Due to: with Decompensation	2 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 95C2	

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? (Specify type of place)

(e) Means of injury

While at work?

23. Signature Guy D Calloway (M. D. or other)

Address Springfield Mo Date signed 2/2/42

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(Licensed Embalmer's Statement on Reverse Side)

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 Leonard B Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo 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, above space should be left blank.