S. No. 2
M—9-4-41
v. 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22763

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 805

1. PLACE OF DEATH:

(a) County: Gentry
(b) City or town: St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-7-26 (Specify whether years, months or days)
In this community 9-7-26

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph Kessler
3. (b) If veteran, name war: ------
3. (c) Social Security No.: none

4. Sex: M
5. Color or race: W
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: Nov (Month) grm (Day) (Year)

8. AGE: Years: about 57 | Months: ? | Days: ? | If less than one day: hr. min.

9. Birthplace: ---- Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:

MOTHER
12. Name: Not given
13. Birthplace: ? (City, town, or county) ? (State or foreign country)
14. Maiden name: "
15. Birthplace: ? (City, town, or county) ? (State or foreign country)

FATHER

16. (a) Informant: Mrs Edna Kessler
(b) Address: Easton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park, Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon, St. Joseph, Missouri.
19. (a) July 19, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) by V.N.H.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1946 hour 7:05 minute 0 M.

21. I hereby certify that I attended the deceased from July 7, 1946, to July 13, 1946, that I last saw him alive on July 13, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary TB	months
Due to:	
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [signature] MD (M. D. or other)
Address: State Hosp. St. Joseph Date signed 7/13/46

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. Elbert E. Harrington

Licensed Embalmer No. 3255 Mo

P. O. Address St. Joseph, 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.