

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1970

1. PLACE OF DEATH

County Jackson
Towship Washington
City Kansas City Mo

Registration District No. 404

Primary Registration District No. 3308

File No.

Registered No. 1

St. Ward)

2. FULL NAME

Vernia Saline Kessinger

(a) Residence. No. 2121 E 22nd St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

infant

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

infant

7. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec 29 - 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas City Mo

10. NAME OF FATHER

Charles Henry Kessinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Vernia Bamhorne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Colorado

14.

INFORMANT Mrs. N.R. Kessinger

(Address) 2121 E 22nd St. Kansas City Mo

15.

FILED 19 1929 O.F. O'Connell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 6 - 1929

17.

I HEREBY CERTIFY That I attended deceased from

Dec 29 - 1928 to Jan 6 - 1929

that I last saw him alive on Jan 6 - 1929, and that

death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(Pectoral) hemorrhage

ventral

10:00 / 62

CONTRIBUTORY

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) O.F. O'Connell M. D.

1-7-1929 (Address) Martin City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Homehold Pass (Ct)

Jan 7 1929

20. UNDERTAKER

ADDRESS

John A. Muser

1415 E 15

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

