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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

OCT 17 1934

Do not use this space.

33057

1. PLACE OF DEATH
County Jackson
Township ~~Kan~~
City Kansas City (No. 4400 Warwick Boulevard St. Ward)

Registration District No. 399
Primary Registration District No. 1033

File No.
Registered No. 6396

2. FULL NAME William L. Kessinger
(a) Residence, No. 4400 Warwick Boulevard 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Webb Kessinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1, 1857

7. AGE: Years 76 | Months 11 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Athens
(STATE OR COUNTRY) Ohio

FATHER
13. NAME Joseph L. Kessinger
14. BIRTHPLACE (CITY OR TOWN) Athens
(STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Jewett
16. BIRTHPLACE (CITY OR TOWN) Athens
(STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Mary Webb Kessinger
(ADDRESS) 4400 Warwick Blvd

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest Hill Cem. DATE 9/29/34

19. UNDERTAKER Steiner & McClure
(ADDRESS) 3235 Gillham Place

20. FILED 9-29-34 M M Crane asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1934, to Sept 27, 1934
I last saw h. alive on Sept. 27, 1934. Death is said to have occurred on the date stated above, at P. m. 11:55
The principal cause of death and related causes of importance were as follows:

Date of onset

Rupture of Gall Bladder

Other contributory causes of importance: Cholecystitis - Gall Stones

Name of operation Prostatectomy Date of 1930
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John M Walker, M. D.
(Address) 1424 Professional Bldg.

[illegible]

[illegible]

HA-2[illegible]