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

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.

APR 23 1936

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

Do not use this space.

10521

1. PLACE OF DEATH

County Jackson — Registration District No. 299 — File No. 1176

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Trinity, Lutheran Hospital St. Ward)

2. FULL NAME Harry August Kesting

(a) Residence, No. Savoy Hotel St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 18, 1875

7. AGE: YEARS 60 — MONTHS ~~4~~ 3 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wholesale Grocery
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) (STATE OR COUNTRY): Kansas

FATHER

13. NAME: Henry Kesting
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Emilie X
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Robert T. Kesting, 1435 Drury Lane, Kansas City, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Forest Hill Cem.
PLACE Kansas City, Mo DATE March 5, 1936

19. UNDERTAKER (ADDRESS): Stine & McCluce, 3235 Gillham Plaza

20. FILED Mch 5, 1936 M M Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 3, 1936
I last saw him alive on March 3, 1936 Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Bladder — Date of onset

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Other contributory causes of importance:
Hemorrhage.

Name of operation Superpubic Cystotomy Date of June 3
What test confirmed diagnosis? Was there an autopsy? Yes.

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) [illegible], M. D.
(Address) 214 Bright Bldg.

100M-3-28-35