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.

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

Do not use this space.

JUL 24 1936

File No. 22865

Registered No. 2794

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1902

City: Kansas City (No.) Research Hospital St. (Ward)

2. FULL NAME: Oliver Lee Kesinger

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

Length of residence in city or town where death occurred 15 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: Mrs Rose Kesinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct-18-1866

7. AGE: Years 68 Months 7 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

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 COUNTY): Clarksville West Virginia

FATHER

13. NAME: Floyd Kesinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Clarksville West Virginia

MOTHER

15. MAIDEN NAME: Martha Whitesow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Unknown

17. INFORMANT (ADDRESS): Mrs Rosa Kesinger Mullinville Ks

18. BURIAL, CREMATION, OR REMOVAL PLACE: Greensburg Ks DATE: June 9 1936

19. UNDERTAKER (ADDRESS): W W Mew Somers Sons Kansas City Mo

20. FILED: 6/9 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 8 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-28- 1936, to 6-8- 1936, I last saw him alive on 6-8- 1936. Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Pleurisy.

Arteriosclerosis

Name of operation: Date of:

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?

If so, specify

(Signed) Donald M Black, M. D.

(Address) 924 Prof. Bl.

924 proff Bldg
12-5