

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

3202
Do not use this space.

1. PLACE OF DEATH
 (a) County Johnson Registration District No. 431
 (b) Township _____ Primary Registration District No. 3023 Registered No. 4
 (c) City Warrensburg (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ronnie Craig Cester
 (a) Residence, No. Warrensburg St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Jane Cester
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-1856
 7. AGE YEARS 81 MONTHS 9 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Jeff
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Mo
 FATHER 13. NAME Marshall Cester
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 MOTHER 15. MAIDEN NAME Jane C. Cester
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT (ADDRESS) Mrs. Trench
Frank Porter
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hochstetler Cem DATE 1-20
 19. FUNERAL DIRECTOR (ADDRESS) Fred C. Wilkinson
Christina Mo
 20. FILED Jan. 19, 1938 Eva Gentry
 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18 1938
 22. I HEREBY CERTIFY That I attended deceased from Jan 17, 1938, to Jan 17, 1938
 I last saw him alive on Jan 18, 1938. Death is said to have occurred on the date stated above, at 3:37 p.m.
 The principal cause of death and related causes of importance were as follows:
hypoplexy
sdal
 Date of onset 1-14-38
 Other contributory causes of importance:
hypertension
 Name of operation none Date of _____
 What test confirmed diagnosis? Chined 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) Frank Porter, M. D.
 (Address) Warrensburg Mo

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.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)