

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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

*D. W. Goodrich*

**2207**

Do not use this space.

**REC'D FEB 6 1939**

1. PLACE OF DEATH  
 (a) County Franklin Registration District No. 297  
 (b) Township Washington, Mo. Primary Registration District No. 3016 Registered No. 3  
 (c) City Washington, Mo. (d) Street No. \_\_\_\_\_  
 (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 23 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lawrence Kessler  
 (a) Residence, No. 817 Roberts Street, Washington, Mo. 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**

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 Josephine Eckel ~~Josephine Eckel~~ Kessler  
 (or) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 28, 1861

7. AGE YEARS 77 MONTHS 2 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) Baltimore  
 (STATE OR COUNTRY) Maryland

FATHER 13. NAME John Kessler  
 14. BIRTHPLACE (CITY OR TOWN) Not known  
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Jasper  
 16. BIRTHPLACE (CITY OR TOWN) Not known  
 (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Eugene Rieskamp  
 (ADDRESS) North Washington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Jan. 13, 1939

19. FUNERAL DIRECTOR (NAME) Otto & Co.,  
 (ADDRESS) Washington, Mo.

20. FILED Jan 11 - 1939 N.R. May  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 1, 1938 to Jan 10, 1939  
 I last saw him alive on Jan 10, 1939. Death is said to have occurred on the date stated above, at 4:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the Gall Bladder Date of onset ?

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Yes 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) D. W. Goodrich, M. D.  
Washington, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2764

P. O. Address Washington Mo

**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.)**

**If this body is not embalmed, above space should be left blank.**