

1939 JUL 17 1939

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

22373
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township _____ Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. St. Johns Hospital 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 Earl Dempsey Kessinger

(a) Residence, No. 910 Griffith Ave St. Aurora Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 0 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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 _____

12. BIRTHPLACE (CITY OR TOWN): Aurora 0
(STATE OR COUNTRY) Missouri 1

FATHER 13. NAME Earl Kessinger 0

14. BIRTHPLACE (CITY OR TOWN): _____ 0
(STATE OR COUNTRY) Oklahoma

MOTHER 15. MAIDEN NAME Madeline Thurman

16. BIRTHPLACE (CITY OR TOWN): Joplin
(STATE OR COUNTRY) Missouri

17. INFORMANT Mr Earl Kessinger
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo DATE June 16 1939

19. FUNERAL DIRECTOR (NAME) J. S. King
(ADDRESS) Aurora Mo

20. FILED 6-17-39 Ed Jones
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-3 1939 to 6-14 1939
I last saw him alive on 6-14 1939. Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:

John pneumonia

pneumonia

Other contributory causes of importance: 10 days

pneumonia meningitis

Name of operation _____ Date of _____
What test confirmed diagnosis? sp. pht. 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) Ed Jones _____, M. D.

(Address) Joplin, Mo.
370

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.

49
7
5

Date of onset
6/11/39
(?)
6/7/39

RECEIVED

District Health Officer No. 6,

District No. 739-1396

Date Filed JUL 10 1939

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

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.