

AUG 14 1939

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

24865

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township 1 Primary Registration District No. 3001 Registered No. 174
(c) City Kirksville (d) Street No. Green - Smith Hosp. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lester Roland Kessler

(a) Residence, No. Knox City, 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13, 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12 9 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co Mo.

FATHER 13. NAME Ebenzerth Kessler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Ohio

MOTHER 15. MAIDEN NAME Hazel Mc Cabe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co Mo.

17. INFORMANT (ADDRESS) L. E. Kessler

18. BURIAL, CREMATION, OR REMOVAL PLACE Knox City Mo. DATE 7/19/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Seeger & Walter
Knox City Mo.

20. FILED July 18, 1939 Spencer L. Freeman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1939, to July 16, 1939

I last saw him alive on July 16, 1939. Death is said to have occurred on the date stated above, at 1:20 A.M.

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

Streptococcus aerthorax Probable Brain abscess metastatic
Date of onset 7-10-39

Other contributory causes of importance: Empyema thoracis 150 7-10-39

Name of operation Thoracentesis Date of 7-10-39

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? 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) George E. Grim, M. D.

(Address) Kirksville, Missouri

RECEIVED.

District Health Officer No. 10

District File Number 8-29-1447

Date Filed AUG 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:.....

Licensed Embalmer No.....

P. O. Address.....

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.