

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36463

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Warrensburg Clinic  
(If not in hospital or institution, give street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community  
years, months or days)

NOV 7 1939

USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. 1A Warrensburg Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Ann Kessler

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 3 1939  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>2</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Jackson Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Marian F. Kessler

13. Birthplace Loos Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Mae Bell

15. Birthplace Jackson Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marian F. Kessler

(b) Address Rt 1A Warrensburg Mo.

17. (a) Burial (b) Date thereof Oct. 21 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longford Cem. Lottville Co. Mo.

18. (a) Signature of funeral director J. H. Reed

(b) Address Warrensburg Mo.

19. (a) Oct 21 (b) Gwen Gentry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20  
year 1939 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct 18, 1939, to Oct 20, 1939, that I last saw him alive on Oct 20, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 2 days

Due to Volvulus

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Reed (M. D. or other)

Address Warrensburg Mo. Date signed 10-20-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM 1-1939

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  
District Health Officer No. 8,  
District File Number  
11/6/39  
Date Filed

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**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.**