. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34288

Registration District No. 99 NOV 1 2 1940

Primary Registration District No. 1002

Registrar's No. 3804

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 6 Days (Specify whether

In this community 6 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

0

(d) Street No. 21 East 30th Street-Apt. #109 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mr. Earl W Kesterson

3. (b) If veteran, name war None

3. (c) Social Security No. ~~None~~ 486-05-7072

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Dora J. Kesterson

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased November (Month) 4 (Day) 1902 (Year)

8. AGE: Years 37 Months 10 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Princeton (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Salesman and Accountant 0

11. Industry or business Cousins Lumber Company 0

FATHER
12. Name W. B. Kesterson
13. Birthplace Harris (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Jennie Coon
15. Birthplace Princeton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. E. W. Kesterson

(b) Address 21 East 30th apt 109

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Missouri

18. (a) Signature of funeral director D. K. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-1-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th year 1940 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 9/24/40, 19__, to 9/30/40, 19__; that I last saw him alive on 9/30/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Diffuse abdominal Peritonitis

Due to Perforated Duodenal Ulcer 9/24/40

Due to

Other conditions (Include pregnancy within 3 months of death) 117B

Major findings: Of operations see above

Of autopsy see above

Duration

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? (Specify type of place)

3 (1) While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1401 S. W. Blvd. Date signed 10/1/40

(Licensed Embalmer's Statement on Reverse Side)

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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, fact should be so stated above.