

S. No. 2
11-10-39
5-17-39 IL
X21492

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural (Washington Mo.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hosp. # 32
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos 6 days
(Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Henry

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

(d) Street No. unknown
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Pearl O. Kessler

8. (b) If veteran, name war unknown

8. (c) Social Security No. unknown

20. DATE OF DEATH: Month Feb day 1st year 1941 hour 9:15 minute 0 M.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lola Kessler

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 7th 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 25th 1940 to Feb 1st 1941; that I last saw him alive on Feb 1st 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 1 day

8. AGE: Years 63 Months 6 Days 25 If less than one day hr. min.

Due to Asthma

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

Due to 42 W

10. Usual occupation Barber

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name Geo. Kessler

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Laughlin

15. Birthplace Ky
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

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

16. (a) Informant Hosp. Records

(b) Address

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

17. (a) Burial (b) Date thereof Feb. 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(b) Date of occurrence

(c) Place: burial or cremation Windsor

(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?

18. (a) Signature of funeral director Henry Funeral Service

(b) Address Nevada Mo.

(e) While at work? (Specify type of place)

(f) Means of injury

19. (a) 2-1-41 (b) Allen O. Dargatzis
(Date received local registrar) (Registrar's signature)

23. Signature J. A. Hopkins (M. D. or other)

Address Nevada MO Date signed 2/7/41

RECEIVED

District Health Officer No. 7,

District File Number 3-41-441

Date Filed 3-6-41

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 Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.