No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
[redacted] APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10959

State File No.

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1017 Sophia 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community Seventy Three Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthaglia 1 (If outside city or town limits, write "RURAL")

(d) Street No. 1017 Sophia 3 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Kessler

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) ~~Single, widowed, married, divorced~~ Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Oct (Month) 10 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
74	4	17	— hr. — min.

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

10. Usual occupation Miner

11. Industry or business None

FATHER
12. Name Benjaman Kessler
13. Birthplace Unknown (City, town, or county) West Virginia (State or foreign country)

MOTHER
14. Maiden name Amanda Wing
15. Birthplace Unknown (City, town, or county) New York (State or foreign country)

16. (a) Informant Effie McCotter

(b) Address 1017 Sophia, Carthage

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 10, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Fidelity Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Missouri

19. (a) Mch. 10, 1941 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8 year 41 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from 2-1-41, 19__, to 3-7-41, 19__; that I last saw him alive on 3-7-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplectic Obstruction of Heart

Due to Fall in Dec 1940

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? 865 (Specify type of place)

While at work? (e) Means of injury

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

Address Carthage, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

41-4-895

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 John D Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.