

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 21 1942

Registrar's No. 1920

Registration District No. ....

Primary Registration District No. 1002

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:  
920 West 39th Street 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. -----  
(Specify whether years, months or days)

In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 920 West 39th Street 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Margaret Kessel

3. (b) If veteran, name war. No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th  
 year 1942 hour ----- minute ----- M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr. Kessel Joseph

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

7. Birth date of deceased March 21 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 7 1942 to May 14 1942

that I last saw her alive on May 14 1942

and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 1 Days 23

If less than one day ----- hr. ----- min.

Immediate cause of death. Cerebral Hemorrhage 7da

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

Due to Arterio Sclerosis & Hypertension 5yo

10. Usual occupation Housewife

Other conditions 83a  
(Include pregnancy within 3 months of death)

11. Industry or business At Home

MOTHER FATHER { 12. Name Godfrey Back

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

14. Maiden name Catherine Unknown

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

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Clara Louise Kessel

(b) Address 920 - W - 39th

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

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

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

17. (a) Burial (b) Date thereof May 18 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of Mt. Moriah Cemetery

(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

18. (a) Signature of funeral director D. J. Newmeyer

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-16-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature E. A. Burkhardt (M. D. or other) M. D.

Address 3346 Summit Date signed 5/15/42

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

Dr. Bushardt  
3346 33-15-15  
St. Louis

**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: *Emile W. Colborn*

Licensed Embalmer No. *3506*

P. O. Address: *Kc 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.