

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 21 1942

Registration District No. 73

Primary Registration District No. 2006-5778

Registrar's No. 151

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: The Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)
 In this community: 13 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lewis
 (c) City or town Maywood
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes name country _____

3. (a) PRINT FULL NAME JOHN F. KESSELL
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 25
 year 1942 hour 11:15 minute 15 P.M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, 2 divorced, widowed
 6. (b) Name of husband or wife deceased
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: January 1, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 18
 1942 to July 26 1942
 that I last saw him alive on July 26 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 6 Days 25
 If less than one day _____ hr. _____ min.

Immediate cause of death: ? Carcinoma of Prostate ?
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: ? Carcinoma of Prostate
? Carcinoma of Submaxillary gland
 Of autopsy: The same

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Henry Kessell

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

14. Maiden name Christina Wast

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

16. (a) Informant Pt. (John F. Kessell)

(b) Address Maywood, Mo.

17. (a) Burial (b) Date thereof 7-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Maywood Cem.

18. (a) Signature of funeral director _____
 (b) Address Columbia, Mo.

19. (a) 7-26-42 (b) E. O. H. Barber
(Date received local registrar) (Registrar's signature)

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. V. Carpenter (M. D. or other) M.D.
 Address Ellis Fischel State Cancer Hospital Date signed 7/26/42

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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. *11329*

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, fact should be so stated above.