S. No. 2
M—5-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29830

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:
(a) County: Buchanan,
(b) City or town: Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)
In this community: 44 yrs. 1 mo. 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri, (b) County: Buchanan
(c) City or town: Industrial City, (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: George Henry Hessler Sr.
3. (b) If veteran, name war: None,
3. (c) Social Security No. 491-09-8743
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hazel Hessler,
6. (c) Age of husband or wife if alive: 38 years
7. Birth date of deceased: August 26th. 1898 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	1	6	hr. min.

9. Birthplace: Saint Joseph, Missouri, (City, town, or county) (State or foreign country)
10. Usual occupation: Bottler,
11. Industry or business: M.K.Goetz Brewing Co.
FATHER 12. Name: T.C.B.Hessler,
13. Birthplace: Alsace Lorraine, (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Margaret Boeh,
15. Birthplace: Unknown, (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Geo H. Hessler Sr
(b) Address: Industrial City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation: St.Jo.Mem.Park Cem.
18. (a) Signature of funeral director: Heaton-Pitts Bowman Funeral
(b) Address: 319 So.10th. Street, Home
19. (a) 10-5-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd. year 1942 hour 5:00 minute P.M.
21. I hereby certify that I attended the deceased from Sept. 8, 1942, to Oct 2, 1942, that I last saw him alive on Oct 2, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchogenic carcinoma - left lung	3 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

HMC

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)
While at work? (e) Means of injury
23. Signature: L. O. Leroy (M. D. or other)
Address: St. Joseph Mo Date signed 10-3-42

1233 (Licensed Embalmer's Statement on Reverse Side)

OCT 16 1942

OCT 13 1942

A EXAM ...

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~~ Oct. 7. 1942

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. ~~Address~~ 519 Sol. St. Joseph Mo.

2-3355

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.

. S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29830

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 944

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 44 yrs 1 mo. 6 das.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Industrial
(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 George Henry Hessler Sr
3. (b) If veteran, name war None
3. (c) Social Security No. 491-09-8743
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel Hessler
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased August (Month) 26th (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
44	1	6	h. min.

9. Birthplace Saint Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Bottler
11. Industry or business M. K. Goetz Brewing Co.
FATHER
12. Name J. B. Hessler
13. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Boch
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Geo. H. Hessler Sr.
(b) Address Industrial City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, St Joseph
18. (a) Signature of funeral director Heaton-Begole & Bowman Funeral Home
(b) Address 319 So 10th St.
19. (a) 10-5-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd year 1942 hour 5:00 minute P.M.
21. I hereby certify that I attended the deceased from Sept 8 1942 to Oct. 2 1942 that I last saw him alive on Oct 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchogenic Carcinoma left lung	3 mos?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
While at work? (e) Means of injury 0
23. Signature D. E. Senor (M. D. or other)
Address St Joseph, Mo. Date signed 10-3-42