

S. No. 2  
M-5-43  
5-17-39  
1 X38471

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6596**  
Registrar's No. **168**

FILED FEB 29 1944  
Registration District No. **1000**

Primary Registration District No. **1000**

1. PLACE OF DEATH:  
(a) County **Buchanan**  
(b) City or town **St Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Mo. Methodist Hosp**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 wks** (Specify whether  
In this community **10 yrs** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St Joseph** (If outside city or town limits, write "RURAL")  
(d) Street No. **2821 Lafayette** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Edward Charles Kessels**  
(b) If veteran, name war **-**  
(c) Social Security No. **500-10-4151**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb** day **11**  
year **1944** hour **1** minute **10 A.M.**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Lala**  
6. (c) Age of husband or wife if alive years **10** months **10** days **1874** (Year)

21. I hereby certify that I attended the deceased from **Jan. 12** 19**44** to **Feb 11** 19**44**  
that I last saw him alive on **Feb 11** 19**44**  
and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **4** Days **1**  
If less than one day hr. min.

Immediate cause of death **Carcinoma of stomach** Duration **?**  
Due to **H68**  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **As above 1-21-44**  
Of operations  
Of autopsy

9. Birthplace **Quincy Ill.** (City, town, or county) (State or foreign country)  
10. Usual occupation **Brick layer**

MOTHER FATHER  
11. Industry or business  
12. Name **J. B. Kessels**  
13. Birthplace **Quincy Ill.** (City, town, or county) (State or foreign country)  
14. Maiden name **Eliza Miller**  
15. Birthplace **Quincy Ill.** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Wm Ryan**  
(b) Address **St Joseph, Mo**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-14-44** (Month) (Day) (Year)  
(c) Place: burial or cremation **Ashland Cem**  
18. (a) Signature of funeral director **Fleeman & Son Inc**  
(b) Address **St Joseph, Mo**  
19. (a) **2-14-44** (Date received local registrar) (b) **Orse Helzog** (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 **0**  
23. Signature **V.P. Lerner M.D.** (M. D. or other)  
Address **St. Joseph, Mo** Date signed **2-11-44**

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

**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.....

*Robert H. Gable*

Licensed Embalmer No. ....

*3308*

P. O. Address.....

*St. Joseph, 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.**