

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6597
Registrar's No. 126

Registration District No. 42 Primary Registration District No. 5134

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 37 years (Specify whether years, months or days)

In this community 37 years

3. (a) PRINT FULL NAME Agnes Amelia Kessler

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Jacob Kessler

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 23 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 11 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Francis X. Waller

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

14. Maiden name Mary Brosi

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

16. (a) Informant Jacob Kessler

(b) Address J.R. R# St Joseph Mo

17. (a) Burial (b) Date thereof 2-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem Washington Mo

18. (a) Signature of funeral director Barry Funeral Home

(b) Address 224 So 10th St St Joseph Mo

19. (a) 2-7-44 (b) Asa Gayog
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural Washington
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st year 1944 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 2 to Feb 2, 1944, that I last saw him alive on Feb 2, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Chronic Angina Attacks 1 year

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Woman died suddenly without serious illness

Of operations Without serious illness

Of autopsy Had had numerous attacks of pains in her left chest

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 Coroner

23. Signature H F Mundy (M. D. or other)

Address 404 So 2d St Date signed 3/2/44

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.....

Licensed Embalmer No. *#216*

P. O. Address *St Joseph H, M*

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.