

FILED MAY 8 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
817 W. 3rd /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ottie Lee Kester

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased December 30 1915
(Month) (Day) (Year)

8. AGE: Years 28 Months 3 Days 7 If less than one day..... hr. min.

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

10. Usual occupation.....

11. Industry or business Home

12. Name Jerry L. Kester

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

14. Maiden name Gusta Scheerer

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

16. (a) Informant J. L. Kester

(b) Address Burial

17. (a) Burial (b) Date thereof 4/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 4-10-44 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 817 W. 3rd
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 7 day 7
year 1944 hour 10:28 minute 0 M.

21. I hereby certify that I attended the deceased from Apr 4
..... 1944 to Apr 7 1944
that I last saw her alive on Apr 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to Hereditary

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 [Signature] (M. D. or other).....
Address Sedalia, Mo Date signed 4-10-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2873

Shay - Rester
10 12 8 P. M. Apr 7

RECEIVED

District Health Officer No.

District File Number

Date Filed 5-5-44

MAY 28 1944

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.....

working under my personal supervision.

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

Signed L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia, 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.