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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24842

State File No. _____

FILED JUL 20 1944

Registration District No. 1280

Primary Registration District No. 5572

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jackson County Eng. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days 0
(Specify whether years, months or days)

In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42

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

(d) Street No. R# 14
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Samuel Nathan Kessinger

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1944 hour 6 minutes 55 A.M.

4. Sex Male 5. Color or race wh.

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased March 16 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 31, 1944, to June 18th, 1944, that I last saw him alive on June 19, 1944, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>62</u>	<u>3</u>	<u>3</u>		hr. _____ min.

Immediate cause of death Cardiac incompetency with acute dilatation

Due to aortic valvular lesion

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

Other conditions (Include pregnancy within 3 months of death) 9504

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Retired

11. Industry or business _____

12. Name J. G. Kessinger

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

14. Maiden name Mag. Rokey

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

16. (a) Informant John Kelley

(b) Address 2337 Shelby N.C. Mo.

17. (a) Burial (b) Date thereof 6-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodland Cemetery

18. (c) Signature of funeral director E. C. Canon

(b) Address Independence, Mo.

19. (a) June 19, 1944 (b) F. M. Schick
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature F. M. Tuttle (M. D. or other) MD
Address Blue Springs Mo. Date signed 6/19/44

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

8800

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 Paul O. Ballew

Licensed Embalmer No. 4206

P. O. Address. Indep. 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.