

S. No. 2
M-2.43
5-17-39
I X35697

30185

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3656**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Memorial Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 Days**
(Specify whether years, months or days) **4 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County **47**
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. **3612 Bellefontaine**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Kelmar Kessler**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**
4. Sex **Male** 5. Color or race **WY**
6. (a) Single, widowed, married, divorced **1**
6. (b) Name of husband or wife **E. L. C.** 6. (c) Age of husband or wife if alive **70 years**
7. Birth date of deceased **Not Known**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** day **07th**
year **1944** hour **11:** minute **30 P. M.**
21. I hereby certify that I attended the deceased from **August 21** 19**44** to **Sept 07** 19**44**
that I last saw him alive on **Sept 7** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarct**
Due to **Fractured prostate artery enlargement**
Due to **Senility**
Other conditions (Include pregnancy within 3 months of death) _____

Duration _____
PHYSICIAN _____
Underline the cause po which death should be charged statistically.

8. AGE: Years **76** Months **-** Days **-** If less than one day hr. _____ min. _____
9. Birthplace **RUSSIA**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Merchant**
11. Industry or business _____
MOTHER FATHER { 12. Name **Berl Kessler**
13. Birthplace **RUSSIA**
(City, town, or county) (State or foreign country)
14. Maiden name **Not Known**
15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)
16. (a) Informant **Paul Kessler**
(b) Address **N. C. Mo**
17. (a) **Burial** (b) Date thereof **9-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Shetfield Cem**
18. (a) Signature of funeral director **K. Lewis**
(b) Address **N. C. Mo**
19. (a) **9-9-44** (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

Major findings: **137 a**
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) Means of injury _____
23. Signature **L. M. Shaped** (M. D. or other) **MD**
Address **East 2nd St. Bldg** Date signed **9/10/44**

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

L. M. Shaped

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. 3710

P. O. Address H. A. No

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.