

FILED JUN 11 1945

Registration District No. 31

Primary Registration District No. 5107

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Benton,

(b) City or town Lincoln Rural, White Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) All her life,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Benton,

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

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

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

3. (a) PRINT FULL NAME Mary Elzebeth Kesemann

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 Charley Kesemann,

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept-4-1878
(Month) (Day) (Year)

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

66 8 12 hr. min.

9. Birthplace Lincoln Mo, Rural
(City, town, or county) (State or foreign country)

10. Usual occupation House wife,

11. Industry or business

12. Name Louie Kreisler

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

14. Maiden name Maggie Meier

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

16. (a) Informant Charles H. Kesemann

(b) Address Lincoln Mo.

17. (a) Burial (b) Date thereof May 20 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Lutheran Church

18. (a) Signature of funeral director J. A. Albert

(b) Address Lincoln Mo.

19. (a) May 21-1945 (b) Pauline Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1945 hour One P.M. minute M.

21. I hereby certify that I attended the deceased from March 14
....., 1945, to May 16....., 1945
that I last saw her alive on May 13....., 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. W. Morland (M. D. or other) MD

Address Cole Camp, Mo Date signed 5/24/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

800

RECEIVED

District No. 7

Police No. 640-229

Date Filed 6-8-43

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 Paul Richard Brown
On acct- of sickness in my home, Registered Apprentice No. _____

working under my personal supervision. I got Mr. Brown, my neighbor
undertaker to embalm this body

Signed Paul Richard Brown,

Licensed Embalmer No. 4324

P. O. Address Warsaw 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.