

No. 2
-8-13
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3128**

FILED FEB 7 1948

Registration District No. **171**

Primary Registration District No. **5638**

Registrar's No. **2**

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

1. PLACE OF DEATH: **Lafayette**

(a) County **Lafayette**

(b) City or town **Snobar Twns.**
(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 _____)

In this community **Life** _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME **Thomas Dick Kesterson**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alice Brown Kesterson** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **March 20 1862**
(Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **13** If less than one day hr. _____ min. _____

9. Birthplace **Lafayette Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Gross Kesterson**

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

14. Maiden name **Narcissus Easterly**

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

16. (a) Informant **Mrs. T. D. Kesterson**

(b) Address **Odessa, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 5, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concord Cem. Bates City, Mo.**

18. (a) Signature of funeral director **Husman-Sparks**

(b) Address **Odessa, Mo.**

19. (a) **Feb 7 '48** (b) **L. H. Drummond**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette** **54**

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

(d) Street No. **3 Mile West of Odessa**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **3rd**
year **1946** hour **4** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Dec 27, 1945** to **Jan 2nd, 1946**
that I last saw him **alive** on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **General Hemorrhage** Duration _____
ataxia of selenium & B-vitamins

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

22. If death was due to external causes, fill in the following:

(c) 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? **City, Mo.**

(Specify type of place) _____ (e) Means of injury _____

23. Signature **R. C. Edwards** (M. D. or other) _____
Address **Odessa, Mo.** Date signed **1/2/48**

103

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-5-46

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.....

Wm. T. Sparks

....., Registered Apprentice No. 305

working under my personal supervision.

Signed

Jimmy L. Human

Licensed Embalmer No. 2541

P. O. Address. Odessa, 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.