S. No. 2
M—5-42
5-17-39
P I X32873

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

100551

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3174

FILED JAN 21 1946

Registration District No. 178

Primary Registration District No. 5664

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Williamstown Reddish 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
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Williamstown 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lula Mae Kessler

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 Married /

6. (b) Name of husband or wife James Royal Kessler

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Janurary (Month) 19 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
42	11	10	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John Perry Miller
13. Birthplace Tipton County, Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elixabeth Pauline Stone
15. Birthplace Memphos, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant J. Royal Kessler
(b) Address Williamstown, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation LaBelle, Missouri

18. (a) Signature of funeral director James A Coder
(b) Address Lewistown, Missouri

19. (a) 12-6-45 (Date received local registrar) (b) P. W. Jennings M.D. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1945 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 3, 1945, to Nov 29, 1945, that I last saw her alive on Nov 29, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcanoma of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46 b	
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:

(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 Dr. C. E. Todd (M. D. or other) DO

Address Williamstown Mo. Date signed 12/4/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1946

RECEIVED
District Health Officer No. 10
District File Number 1-46-7
Date Filed JAN-1-6-1946

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed James A. Cader

Licensed Embalmer No. 2532

P. O. Address Lewistown 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.