No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19329

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: x
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 1/2

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

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME William Thomas Kesterson

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rosie N. Kesterson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August - 11 - 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	8	4	x hr. x min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name John Kesterson
13. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Everet Kesterson (son) 1

(b) Address Springfield, Missouri.

17. (a) Burial (b) Date thereof 4-17-46
(Burial, ~~cremation, or removal~~) (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Welch Cemetery

18. (a) Signature of funeral director Rex Rainey

(b) Address Marshfield, Missouri.

19. (a) 5/22/46 (b) J. McKinney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1946 hour 10 minute 30 p.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Right Tobar	
Due to Pneumonia fever	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature W F Schrick (M. D. or other)

Address Niangua Date signed May 21/46

344 (Licensed Embalmer's Statement on Reverse Side)

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 Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.