

No. 2  
-12-45  
5-17-39  
X47070

State File No. \_\_\_\_\_

FILED FEB 12 1947  
18 7 347

Registration District No. \_\_\_\_\_

Primary Registration District No. 3040

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Linnington  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
514 Walnut St. 1  
(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 Linnington  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 514 Walnut St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Homer J. Kesler

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

4. Sex male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alice Kesler 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased: Sept 1, 1889  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 30  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer - Retired

11. Industry or business Stock Raising

12. Name Jalen R. Kesler

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

14. Maiden name Alice Rose

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Homer Kesler

(b) Address Chillicothe, Mo.

17. (a) Burial (b) Date thereof 2/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jamestown, Mo.

18. (a) Signature of funeral director Donald Jordan

(b) Address Chillicothe, Mo.

19. (a) Feb-1-47 (b) Frances B. Neill  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
year 1947 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 31 1947 to Jan 31 1947  
that I last saw him alive on Jan 31 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 3 hrs

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:

(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) (c) Means of injury \_\_\_\_\_

23. Signature J. M. Caputo (M. D. or other) \_\_\_\_\_  
Address Chillicothe, Mo. Date signed 2-1-47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 Ronald F. Lindau  
Licensed Embalmer No. 4191  
P. O. Address Chillicothe, 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.