No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1947

Registration District No. 1704

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5644

State File No. 31714

Registrar's No. 68

54
0
0
0

1. PLACE OF DEATH:

(a) County: Lafayette

(b) City or town: Lexington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Co farm 5 (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): Life

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Lafayette

(c) City or town: Lexington (If outside city or town limits, write "RURAL")

(d) Street No.: Co. Home (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: LILLIE B KESTER

3. (b) If veteran, name war: —

3. (c) Social Security No.:

4. Sex: Fe

5. Color or race: W

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

6. (b) Name of husband or wife: Jerome Kesta

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

7. Birth date of deceased: April (Month) 7 (Day) 1882 (Year)

8. AGE: Years 65 Months 5 Days 2 If less than one day hr. min.

9. Birthplace: Dover (City, town, or county) Mo (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

MOTHER FATHER

12. Name: Drewery Gunstaff

13. Birthplace: Dover, Mo (City, town, or county) (State or foreign country)

14. Maiden name: Francis Medley

15. Birthplace: Dover Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Joe Ratliff

(b) Address: Lexington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Lexington Mo

18. (a) Signature of funeral director: Farris & Kemper

(b) Address: Lexington Mo

19. (a) 15 Sep 47 (Date received by local registrar) (b) Minnie E Eulitzer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1947 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 9, 1946 to Sept 9, 1947 that I last saw her alive on Sept 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 days
Arterio sclerosis	many years
Due to: Chronic Valvular disease	"
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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: W. H. Oppenmar (M.D. or other)

Address: Higginsville, Mo Date signed: 9/9/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.

District File Number.....

Date Filed 10-7-47

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 Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington 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.