

S.No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38939**
Registrar's No. **88**

FILED DEC 5 1947

Registration District No. **270**

Primary Registration District No. **4322**

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

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
(c) City or town Princeton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilbur E. Kesterson

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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 13 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>4</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Merchant

11. Industry or business _____

12. Name Squire Kesterson

13. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Laura Belle Casteel

15. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Holmes

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof 12-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 12-2-47 (b) M. J. Rupp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 27
year 1947 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from August 3
19 47 November 27 19 47
that I last saw him in live on November 27, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Metastasis-rectal peritoneal extending to the diaphragm due to teratoma of the right testical.
Due to _____
Duration 2 yrs.

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

Major findings: As Above
Of operations _____
Of autopsy NONE

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)
23. Signature W. St. Onstout (M. D. or other) MD
Address Princeton, Mo. Date signed 11/21/47

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

DEC 6 1941

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..... *H. E. Martin*

Licensed Embalmer No. *3760*

P. O. Address *Princeton, 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.