

S. No. 2
I-1/47
5-17-39

State File No.

FILED JAN 23 1948 2
Registration District No.

Primary Registration District No. 5595

Registrar's No. 5

2009

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

1. PLACE OF DEATH:

(a) County... **Jefferson**

(b) City or town... **Breezy Heights** *Rock*
(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... **Life** (Specify whether)

In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **Jefferson** *50*

(c) City or town... **Breezy Heights** *Rural*
(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... **Michael Kessler**

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... **Widow**

6. (b) Name of husband or wife... **Barbara Kessler**

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

7. Birth date of deceased... **October 22, 1879**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	3	2	hr. min.

9. Birthplace... **Jefferson County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation... **Farmer**

11. Industry or business... **Own place**

12. Name... **Adam Kessler**

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

14. Maiden name... **Mary Bramer**

15. Birthplace... **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant... **Jerome Kessler**

(b) Address... **Jefferson County, Mo.**

17. (a) **burial** (b) Date thereof... **1-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Maxville, Mo.**

18. (a) Signature of funeral director... **Fendler Und. Co.**

(b) Address... **7420 Michigan at Koeln**

19. (a) **Jan 21 - 48** (b) **Phil G. Turk**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **1-20** day...
year... **48** hour... **8** minute... **A.M.**

21. I hereby certify that I attended the deceased from...
July 1, 1929 to... **Jan 20, 1948**
that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death... **Chr. Myocarditis**

Due to...
Due to...

Other conditions... **Senility**
(Include pregnancy within months of death)

Major findings:
Of operations... **9/2/48**

Of autopsy...
PHYSICIAN

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... **Heil M.D.** (M.D. or other)
Address... **Hammerick** Date... **1/20/48**

MOTHER FATHER

Date Filed 1-27-48
District File Number _____
District Health Officer No. 9,

RECEIVED

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 _____

V E Morris

Licensed Embalmer No. 3360

P. O. Address _____

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.