No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948
Registration District No. 1[illegible]

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 7902

Registrar's No. 1[illegible]05

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 705 So. 14th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 4 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: DeKalban 32
(c) City or town: Clarksdale Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R5 F.D.14th. St. 0
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: Mary Helena Kessler
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John J.
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: December (Month) 5 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	3	28	hr. min.

9. Birthplace: Hurlinger (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: None

MOTHER FATHER
12. Name: John S. Weidmaier
13. Birthplace: Hurlinger (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Mathilda Brosi
15. Birthplace: Hurlinger (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mr. John J. Kessler
(b) Address: 705 So. 14th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 6, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: Herman W. Siedenfaden
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 4-8-48 (Date received local registrar) (b) E. B. Perkins (Registrar's signature) 582

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 3
year: 1948 hour: 9 minute: 30 A.M.
21. I hereby certify that I attended the deceased from Apr. 1947, 19..., to Apr 3, 19..., that I last saw her alive on Apr 3, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	10 min
Due to: Chronic nephritis	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? 0 (Specify type of place)
While at work? (e) Means of injury:

23. Signature: W. J. Dotterweich (M. D. or other)
Address: 411 Kirkpatrick Date signed: 4/3/48 St. Joseph, Mo.

Jefferson City Printing Co. (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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.