. No. 2
M—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8200

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Crestview Addition, N.K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home, Crestview Addition
(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 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town North Kansas City Crestview
(If outside city or town limits, write "RURAL")
(d) Street No. Crestview Add.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME Donald D. Kester

3. (b) If veteran, name war Yes World I
3. (c) Social Security No. 486-07-6448

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mildred A. Kester
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Oct (Month) 2 (Day) 1898 (Year)

8. AGE: Years	Months	Days	If less than one day
49	5	27	XX hr. XX min.

9. Birthplace Albia (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Display Manager
11. Industry or business Rothchilds Clothing Stores

FATHER
12. Name William R. Kester
13. Birthplace Albia (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Gertrued Shaw
15. Birthplace Albia (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Donald Richard Kester
(b) Address Crestview Add. North Kansas City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Albia Iowa
18. (a) Signature of funeral director Morton -Smith's F.H.
(b) Address North Kansas City, Mo.
19. (a) April 30-1948 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29
year 1948 hour 9:00 minute a. M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by 22 rifle. Shot.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) Suicide, Gun Shot.
(b) Date of occurrence Mar. 29th 1948
(c) Where did injury occur? N.K.C. Mo. (City or town) Crestview (County) Addition (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at Home
(Specify type of place)
While at work? (e) Means of injury
23. Signature R.W. Praxher Coroner (M. D. or other)
Address Excelsior Springs, Mo. Date signed 3.29.48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
District File Number
Date Filed 4-10-48

MAY 1 4 1948

JUN 29 1948

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 Charles L. Fleming, Registered Apprentice No. 449, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City 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.