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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 3 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1000

State File No. 11582
Registrar's No. 483

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month (Specify whether
In this community 1 Month years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County DeKalb
(c) City or town Clarksdale
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME John J. Kessler
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife None Mary Helen
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased January (Month) 30 (Day) 1877 (Year)

8. AGE: Years 71 | Months 2 | Days 22 | If less than one day ... hr. ... min.

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

MOTHER
12. Name Sabastion Kessler
13. Birthplace Easton (City, town, or county) Missouri (State or foreign country)

FATHER
14. Maiden name Louisa Schliecher
15. Birthplace Easton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Andrew Kulak
(b) Address 705 So. 14th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26, 48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cem. (Hurlinger)
18. (a) Signature of funeral director Herman Wm. Siderfaden
(b) Address 1802 Union St. St. Joseph, Mo.
19. (a) Apr. 28 1948 (Date received local registrar) (b) L. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1948 hour 6 minute 32 P. M.
21. I hereby certify that I attended the deceased from 3-24-48, 19..., to 4-22-48, 19...;
that I last saw him alive on 4-22-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia Hypostatic	2 days
Due to: Arteriosclerotic Heart Disease	
Due to: Diabetes mellitus	
Diabetic Gangrene Left foot	2 months
Other conditions: Senility (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature N. C. Jenne (M. D. or other)
Address 207 N. 8th St. Joseph, Mo. Date signed 4-23-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAY 5 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Robert K Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.