No. 300
—10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29223

Registration District No. 71

Primary Registration District No. 5288

Registrar's No. 124

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

4
3

1. PLACE OF DEATH:

(a) County Clay County

(b) City or town Rock Island Rail enroute Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rock Island Rocket — Z
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community passing thru.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 4 0 1

(c) City or town Trenton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 111 W 11th Street 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Gay R. Kesterson

3. (b) If veteran, name war No

3. (c) Social Security No. 708-14-3972

4. Sex Male U

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lena Kesterson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March (Month) 16 (Day) 1893 (Year)

8. AGE: Years 53 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Mercer County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Brakeman on Railroad

11. Industry or business Railroad

FATHER
12. Name W.B. Kesterson
13. Birthplace Mercer County (City, town, or county) Mo. U (State or foreign country)

MOTHER
14. Maiden name Jenney Coons
15. Birthplace Mercer County (City, town, or county) Mo. U (State or foreign country)

16. (a) Informant Lena Kesterson
(b) Address 111 W. 11th Street - Trenton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director Gipson Funeral Home
(b) Address Trenton, Missouri

19. (a) 9-26-48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4th
year 1948 hour 9:55 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 Coronary Occlusion — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Coroner Case

Coroner Case

Coroner Case 94

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) Coronary Occlusion

(b) Date of occurrence Aug. 4th 1948 7.8

(c) Where did injury occur? North E. Spg. (City or town) Mo Clay (County) Co. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rock Island Steam Line, R.I. Line
(Specify type of place)

While at work? (e) Means of injury

23. Signature R.W. Prather Coroner (M. D. or other)

Address Excelsior Springs Mo. Date signed 8-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-2-48

OCT 27 1948

MAR 1 1949

OCT 8 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 J. Gordon Blackmon, Registered Apprentice No. 78, working under my personal supervision.

Signed Chas D Gipson

Licensed Embalmer No. 3109

P. O. Address Trenton, 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.