

FILED OCT 10 1942

Registration District No. **137**

Primary Registration District No. **4218**

Registrar's No. **176**

42
2
0

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

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **408 Colorado**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Walter L. 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 **Widowed**
6. (b) Name of husband or wife **May Dyer Kessler** 6. (c) Age of husband or wife if alive **6** years
7. Birth date of deceased **November 6 1870**
(Month) (Day) (Year)

8. AGE: Years **71** Months **9** Days **11** If less than one day hr. min.

9. Birthplace **Waveland Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Brick Mason**

11. Industry or business _____

MOTHER FATHER { 12. Name **George Kessler**
13. Birthplace **Glasgow Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Cerepta Laugh**
15. Birthplace **unknown Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **D. C. Kessler**
(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **8-18-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**
(b) Address **Windsor, Missouri**

19. (a) **Sept. 1, 1942** (b) **Georgia Kitchener**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**
(c) City or town **Windsor**
(If outside city or town limits, write "RURAL")
(d) Street No. **408 Colorado**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes, or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17**
year **1942** hour **6:15 a** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan** 19**41** to **July 15** 19**42**
that I last saw him alive on **July 15** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **92f**
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) _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **W. J. Russell** (M. D. or other) **M.D.**
Address **Windsor, Mo.** Date signed **8-18-42**

RECEIVED

District Health Officer No. 7

District File Number 10-42-1114

Date Filed 10-8-42

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.....

Elliott K. Kinslow

Licensed Embalmer No. 3391

P. O. Address.....

Windsor, 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.