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39
66671

FILED JUN 7 1944
Registration District No. **137**

Primary Registration District No. **4218**

Registrar's No. **88**

1. PLACE OF DEATH: **Henry**

(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: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 years** (Specify whether years, months or days)

In this community **11 years**

3. (a) PRINT FULL NAME **DeWilla C. 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: _____

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

7. Birth date of deceased **June 29 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	9	11	hr. min.

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

10. Usual occupation **Barber**

11. Industry or business _____

12. Name **George A. Kessler**

13. Birthplace **Glasgow, Ky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Cerepta Lough**

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

16. (a) Informant **Marjorie Wells**

(b) Address **3520 Holmes, Kansas City, Mo**

17. (a) **Burial** (b) Date thereof **April 11, 44**
(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, Mo.**

19. (a) **May 18 1944** (b) **DeWilla C. Kessler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **42**

(a) State **Missouri** (b) County **Henry**

(c) City or town **Windsor**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9th** year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **8 am April 9 1944** until I last saw him **live on April 9 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** *Instantly*

Due to _____

Due to _____

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

Major findings: Of operations **94a**

Of autopsy _____

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) (2) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____

Address **Windsor** Date signed **5-11**

MOTHER FATHER

106 4

(Licensed Embalmer's Seal - Sent on Reverse Side)

44

SEE ORIGINAL BACK INK - MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 5-44-710

Date Filed 6-6-44

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.....

Edell Hinton

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.