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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5952

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 48

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 509 Nichols 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14
(a) State Missouri (b) County Callaway 1
(c) City or town Fulton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 509 Nichols
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN W. KESTER
3. (b) If veteran, name war No
3. (c) Social Security No. 497-05-6221
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Kester
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Nov. (Month) 22 (Day) 1879 (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	1	21	hr. min.

9. Birthplace Franklin County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Pattern Maker
11. Industry or business Fire Brick Plant
FATHER
12. Name Louis Kester
13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eva Sontag
15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Cora Kester
(b) Address 509 Nichols, Fulton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Cemetery
18. (a) Signature of funeral director Leo G. Wallace
(b) Address Fulton, Mo.
19. (a) Feb 13 1943 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th
year 1943 hour 10:30 minute a M.
21. I hereby certify that I attended the deceased from Feb 12, 1943, to Feb 12, 1943
that I last saw him alive on Feb 12, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	several weeks
Due to	
Due to	
Other conditions Mitral Stenosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92 f

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature H. D. Owen D (M. D. ~~or other~~)
Address Fulton Mo Date signed 2.13.43

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.