N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 33443
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 4928 College St. Ward)

2. FULL NAME Harry F. Kern
(a) Residence, No. 4928 College St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Oral Kern
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1880
7. AGE YEARS 57 MONTHS 2 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dist. Passenger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agent So. Pacific
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Colo.

FATHER
13. NAME Fredrick Kern
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Oral Kern 4928 College
18. BURIAL, CREMATION, OR REMOVAL PLACE Denver Colo DATE Sept. 28, 1937
19. UNDERTAKER (ADDRESS) D W Newcomer's Sons Brush Creek + Paseo.
20. FILED Sept 27, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/26/37 19

22. I HEREBY CERTIFY, That I attended deceased from Comm, 19, to, 19
I last saw h alive on, 19 Death is said to have occurred on the date stated above, at 9 oo p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Acute Infral edema	
93c	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] 4, M. D.
(Address)