

DEC 16 1938

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

Seced 3065-39 Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 548
Township Palmyra Primary Registration District No. 4323
City Palmyra (No.) St. Ward

File No. 39787
Registered No. 63

2. FULL NAME

Chas. E. Kern

(a) Residence, No. Palmyra Mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
39 11 15

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurants

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) pike Co Ill.

13. NAME Noah Kern

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Armeda Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Wesley Kern Berry St

18. BURIAL, CREMATION, OR REMOVAL PLACE Berry St. DATE 11-20-38

19. UNDERTAKER (ADDRESS) Jay O'Donnell Hannibal, Mo.

20. FILED Nov 18 1938 Certrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1938, to Nov 17, 1938

I last saw him alive on Nov 16, 1938. Death is said to have occurred on the date stated above, at 10.0 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Nov 16

Other contributory causes of importance: Acute Alcoholism Nov 3

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify
(Signed) W. J. Hauer M. D.
489 (Address) Palmyra Mo.

WHITE PLAINLY, WITH UNFADE INK---THIS IS A PERMANENT RECORD
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.

JUL 25 1955