

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2591

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
 (b) Township Prairie Primary Registration District No. 5553 B Registered No. 511
 (c) City Jackson (d) Street No. Emerquoy Jackson County Emerquoy St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 609 Virginia Kerr
1017 Linden Independence St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city) Mo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Kerr
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 7 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Larry Martin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

MOTHER 15. MAIDEN NAME Rebecca E. Wilson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

17. INFORMANT (ADDRESS) Virginia Kerr
1017 W. Linden

18. BURIAL, CREMATION, OR REMOVAL PLACE 40 cut off near
Camp Ground Em. DATE Jan 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George C. Carson
Independence Mo.

20. FILED Jan 10 1939 William J. Fields
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Peru, 19.....
 I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1:05 a.m.

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

Acute Intestinal Obstruction

Other contributory causes of importance:

Ventral Abdominal hernia

Name of operation none Date of.....

What test confirmed diagnosis? Physical 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) Abby Swaney H, M. D.

(Address) Deputy Coroner

3623 Leist Summit, Mo.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.