

358'D AUG 1939

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

24641
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Kaw Primary Registration District No. 792
 (c) City Kansas City (d) Street No. 3315 E 74th terrace Registered No. 2854
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 3315 E 74th terrace St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write in the void) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5-1918

7. AGE YEARS 21 MONTHS 5 DAYS Holder If LESS than 1 day hrs. min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lavenworth, Kansas

FATHER 13. NAME John A. Kern

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lavenworth, Kansas

MOTHER 15. MAIDEN NAME Lopha Boech

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lavenworth, Kansas

17. INFORMANT (ADDRESS) John A. Kern, 3315 E 74th terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Lavenworth, Kans 7-17-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. J. Donnell, 3286 Broadway

20. FILED July 16 1939 M. M. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1939

22. I HEREBY CERTIFY, That I attended deceased from July 10 1939 to July 16 1939
 I last saw him alive on July 15 1939. Death is said to have occurred on the date stated above, at 1 AM

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

Acute Nephritis and Intestinal Obstruction valvulus nephritis was a terminal condition
Influenza
 Date of onset 7-12-39

Other contributory causes of importance:
 Name of operation none Date of
 What test confirmed diagnosis? Clinical 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
 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. R. Ferster, M. D.
 (Address) 1329 Dister Ave
K. C. Mo.

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.

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.