

AUG 11 1939

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

25031
Do not use this space.

1. PLACE OF DEATH

(a) County Beechman Registration District No. 85
(b) Township St Joseph Primary Registration District No. 1001 Registered No. 691
(c) City St Joseph (d) Street No. St Joseph Hospital 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 20 yrs. mon. da. (f) How long in U. S., if of foreign birth? yrs. mon. da.

2. PRINT FULL NAME

MOSSIE - L - KERN S
(a) Residence, No. 807 Main St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
48 10 5

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) June 1 1939
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Mo

13. NAME William H. Beeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Mo

15. MAIDEN NAME Matilda Buehler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Mo

17. INFORMANT Geo Kerns
(ADDRESS) St Joe - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph DATE 7-9-39

19. FUNERAL DIRECTOR (NAME) Ray Stoney
(ADDRESS) St Joseph Mo

20. FILED July 8 1939
W. H. Nettles
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1939

22. I HEREBY CERTIFY, That I attended deceased from July 6 1939 to July 7 1939
I last saw her alive on July 6 1939. Death is said to have occurred on the date stated above, at 12:10 A
The principal cause of death and related causes of importance were as follows:
Mitral Stenosis

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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. H. Nettles, M. D.
(Address) 620 Franklin

WRITE PLAINLY, WITH UNFADING 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.

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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.....

John H. Hurley

....., Registered Apprentice No.....

working under my personal supervision.

Signed *John H. Hurley*

Licensed Embalmer No. *4050*

P. O. Address *2335 St Joseph Ave*

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.