DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38571

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4335

1. PLACE OF DEATH: 2

(a) County Jackson,

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
215 East 34th Terrace,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Unknown, (Specify whether
In this community Unknown,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri, (b) County Jackson,

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 215 East 34th Terrace,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Unknown, years.

3. (a) PRINT FULL NAME 600 Eliza Victoria Kerr,

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James S. Kerr,

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased June 20, 1862, (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	22	hr. min.

9. Birthplace Unknown, (City, town, or county) (State or foreign country)

10. Usual occupation None. 9

11. Industry or business x

FATHER
12. Name William Sullenger, 1
13. Birthplace Pa. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Margaret Yates,
15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. F. A. Smith,
(b) Address 215 East 34th Terrace, K.C., Mo.

17. (a) Mt. Moriah Cem. (Burial, cremation, or removal) (b) Date thereof 11-14-39. (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Nov 13 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 12 day
year 1939, hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Sep 10, 1939, 19__, to Nov. 12, 1939
that I last saw her alive on Nov 11, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	3 days
Due to Arterio-sclerosis	years
Chronic myocardial disease	"
Due to Chronic nephritis	"
Chronic cystitis	"
Other conditions Fracture of left humerus (Include pregnancy within 3 months of death)	2 mos.

Major findings:
Of operations 186a
18
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Injury about home (Specify type of place)
While at work? + (e) Means of injury Fall

23. Signature Robert Jansen (M. D. or other) M.D.
Address 2220 E 31 St. Date signed 11-13-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

Dr. Robert Jansen.
2220 E 31
2 RM E # 34

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 J B Waters

Licensed Embalmer No. 3992

P. O. Address K C Mo

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.