

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

Do not use this space.

39084

1. PLACE OF DEATH

County Buchanan
Township
City Saint Joseph

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 1218
St. _____ Ward _____

2. FULL NAME Mrs. Sarah Cordelia Kerr

(a) Residence, No. _____ St. _____ Ward. Stanberry Mo.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 6 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General House
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indian Territory

FATHER 13. NAME wife

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

MOTHER 15. MAIDEN NAME Ellen Alsbury

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

17. INFORMANT (ADDRESS) W. J. ...

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph ... DATE 4/12/39

19. UNDERTAKER (ADDRESS) John H. ...

20. FILED 11/25 19 39 A. J. Nettles Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1939, to Nov 25, 1939, 1939.
I last saw h. alive on Nov 25, 1939. Death is said to have occurred on the date stated above, at 6:40 P.M.

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

Branchial pneumonia 11-24-39
11/25
Other contributory causes of importance:
Prepared for autopsy 11-20-39

Name of operation none Date of _____
What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 1939.
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0
If so, specify.
(Signed) J. H. Ryan, M. D.
(Address) St. Joseph 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

Leroy F. Phillips, Licensed Embalmer No. 1898

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by _____

Myself

or by _____

Registered Apprentice No. _____

(Signed) _____

Leroy F. Phillips

Licensed Embalmer No. 1898

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with this above regulation constitutes grounds for revocation of license.)