

JAN 13 1940

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

43099
Do not use this space.

1. PLACE OF DEATH

(a) County Clark 2 Registration District No. 190
(b) Township Lincoln 1 Primary Registration District No. 5264 Registered No. 61
(c) City (d) Street No. 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

Leonard Kerner
(a) Residence, No. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helma Mathies
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21, 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 — 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer, Blacksmith
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) Clark Co. Missouri

13. NAME Joseph Kerner

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

15. MAIDEN NAME Minnie Bogner

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

17. INFORMANT (ADDRESS) Mrs. Leonard Kerner
Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Cem. DATE Dec. 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred J. Karle
Kahoka Mo.

20. FILED Dec 10, 1939 J. R. Bridges 174
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8th, 1939
22. I HEREBY CERTIFY, THAT I attended deceased from Dec 1st, 1939, to Dec 8th, 1939
I last saw h..... alive on Dec 8th, 1939. Death is said to have occurred on the date stated above, at 8 AM.
The principal cause of death and related causes of importance were as follows:

Cancer of the liver
Other contributory causes of importance: Hb

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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....., 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?.....
If so, specify.....

(Signed) J. R. Bridges M. D.
(Address) Kahoka 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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-140

Date Filed JAN 11 1940

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. 1023

P. O. Address Kahoka Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.