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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Vernon Wash. Mo

(b) City or town Missouri

(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo 3
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 23 days
(Specify whether)

In this community 23 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 920 East 13th St
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE KERN 650

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1940 hour 6 minute 30 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Feb 14th 1940, to March 8th 1940, that I last saw him alive on March 8th 1940 and that death occurred on the date and hour stated above.

7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death Chronic Myo Carditis

8. AGE: Years About 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Other conditions Senility
(Include pregnancy within 3 months of death)

10. Usual occupation Upshaltering

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant State Hospital No 3 Records

(b) Address Nevada, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Removal (b) Date thereof Mar 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. Mo.

(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? 795
(Specify type of place) While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director George Funeral Home

(b) Address Nevada, Missouri

23. Signature G.S. Warick (M. D. or other) _____

Address State Hospital No 3 Nevada, Mo Date signed March 8, 1940

19. (a) March 9 1940 (b) Allen V. Hoare
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 4-410-284
Date Filed 4-8-40

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 Personal

....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd B. Wimsatt

Licensed Embalmer No. 3857

P. O. Address Woods, 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.