

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25243

State File No. \_\_\_\_\_

Registration District No. 321

Primary Registration District No. 5444

Registrar's No. 11

1. PLACE OF DEATH

(a) County Greene Co. Mo  
(b) City or town Wray Mo  
(c) Name of hospital or institution R-7 D. 3. 02  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Edward Arthur Kerner

3. (b) If veteran, name war regular from 3. 13. 1918 (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Ada Kerner (Dead) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 7th 22 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Kerner 9  
13. Birthplace unknown  
14. Maiden name unknown  
15. Birthplace unknown

16. (a) Informant Earl Kerner

(b) Address 902 State Kansas City Kan

17. (a) Removal (b) Date thereof 6/26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem

18. (a) Signature of funeral director Alvin Robinson

(b) Address Sp. 7 mo

19. (a) June 26, 1940 (b) Pearl Hughes Mitchell  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City, Mo  
(d) Street No. 902 State  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1940 hour 9 minute 4 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him in dead alive on June 25, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Crushed Skull

Due to Woods from 10 concrete fell

100 feet striking him on chest

Due to \_\_\_\_\_

Other conditions 186 lb  
(Include pregnancy within 3 months of death)

Major findings: 11  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) accident

(b) Date of occurrence 6-25-40

(c) Where did injury occur? Ballway Greene Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial place (web frame line plant

2nd While at work? yes (Specify type of place) (e) Means of injury Woods from

23. Signature A. M. White (M. D. or other) for head of

\*Address Course Greene County Date signed 6/26/40

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

RECEIVED

Greene County Health Office,

County File Number 40-Y-56

Date Filed 8-12-40

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

Signed Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield 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.

X