

No. 2
-10-
17-39
X21492

OCT 12 1940

Registration District No. 157

Primary Registration District No. 5222

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town Pleasant Hill (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. MP
(If rural, give location)

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

3. (a) PRINT FULL NAME Eugene Due Kerr

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept., day 17
year 1940 hour 10:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from May, 1940, to Sept 17, 1940,
that I last saw him alive on Sept. 17, 1940,
and that death occurred on the date and hour stated above.

4. Sex M. **5. Color or race** W

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

(b) Name of husband or wife Sarah E. Kerr

(c) Age of husband or wife if alive 78 years

7. Birth date of deceased: May - 13 - 1856
(Month) (Day) (Year)

Immediate cause of death
arterio-sclerosis
hypertension

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>5</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation: Farmer

11. Industry or business: 1

MOTHER FATHER

12. Name: Wm. Kerr

13. Birthplace: Marion, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name: Marion Haldeman

15. Birthplace: Clayton, Mo
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant: John Kerr

(b) Address: Pleasant Hill, Mo

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: 9-29-40
(Month) (Day) (Year)

(c) Place: burial or cremation: Union Baptist Church

18. (a) Signature of funeral director: Wm. H. Hines

(b) Address: Pleasant Hill, Mo

19. (a) 9-20-40 **(b) Maetta M. Aldridge**
(Date received local registrar) (Registrar's signature)

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?
14A (Specify type of place)

(e) Means of injury _____

28. Signature: Wm. Hines (M. D. or other) _____

Address: Pleasant Hill, Mo **Date signed:** 9/20/40

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

73011

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.....

D. A. Nofsinger, Registered Apprentice No.
working under my personal supervision.

Signed *D. A. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *Heasant Hill*

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.