

Registration District No. **807**

Primary Registration District No. **6052**

Registrar's No. **3**

1. PLACE OF DEATH:

(a) County **Schuyler**  
(b) City or town **Rural Union**  
(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 **2**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **South east of Coatsville Mo.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Mandy Kerns**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **John Arthur Kerns** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **Aug 1872**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **0** If less than one day hr. min.

9. Birthplace **Musamis**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Deatch**

13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mandy Melvina Bryan**

15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ermer Kerns**

(b) Address **Lancaster Mo**

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

(c) Place: burial or cremation **Coatsville Mo.**

18. (a) Signature of funeral director **Moreheads**

(b) Address **Lancaster Mo**

19. (a) **Dec 11 1940** (b) **Clarence Judd**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** Day **8**  
year **1940** hour **1** minute **40** P.M.

21. I hereby certify that I attended the deceased from **Jan 1**  
**1940** to **Aug 8** **1940**  
that I last saw her alive on **Aug 8** **1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Paroxysmal Tachycardia**

Due to **This is all the information I can give**

Other conditions **infirmitas of age**  
(Include pregnancy within 3 months of death)

Major findings: **no operations**  
Of operations

Of autopsy **No autopsy**

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) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury

23. Signature **H.R. Johnson** (M. D. number) **1**  
Address **Weywood Mo** Date signed **12/9/40**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

2  
-40  
39  
23159

DEC 16 1940

RECEIVED

District Health Officer No. 10

District File Number 12-40-2314

Date Filed DEC 13 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.....

Moreheads' (Trine & Minnie)

Registered Apprentice No. ....

working under my personal supervision..

Signed

Moreheads'

Licensed Embalmer No.

3731-3680

P. O. Address

Lancaster, Md

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

If this body is not embalmed, fact should be so stated above.