

S. No. 2
11-11-40
5-17-40
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42767

State File No.

Registrar's No.

289

Registration District No. 398

Primary Registration District No. 3019

48
5
4

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
414 1/2 Osage St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 20 yrs _____ (Specify whether
 years, months or days) _____ 2

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Independence
 (If outside city or town limits, write "RURAL")
 (d) Street No. Lee's Summit Route 2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William John Kearns
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 19 (19)
 year 1940 hour _____ minute 4
 21. I hereby certify that I attended the deceased from Nov. 15
1940 to Nov 19 1940
 that I last saw him alive on Nov. 18 1940
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Sept. 6 1862
 (Month) (Day) (Year)

Immediate cause of death:
Coronary Thrombosis
 Due to _____
Coronary Thrombosis
 Due to _____
 Other conditions (include pregnancy within 3 months of death)
Prostate

8. AGE: Years 78 Months 2 Days 14 If less than one day
 hr. _____ min.

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underlines the cause to which death should be charged statistically.

9. Birthplace Canada (State or foreign country)
 10. Usual occupation Retired
 11. Industry or business _____
 MOTHER FATHER { 12. Name Joshua Kearns
 13. Birthplace Ireland (City, town, or county) (State or foreign country)
 14. Maiden name Mary Moffett
 15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Al Kearns
 (b) Address 1511 N. Walnut
 17. (a) Burial (b) Date thereof 11/23/1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mound Grove Cem
 18. (a) Signature of funeral director Walter Speaks
 (b) Address Independence, Mo
 19. (a) Nov. 23, 1940 (b) F. L. Cook
 (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?
3600 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature John F. Probst (M. D. or other) _____
 Address Independence Mo Date signed 11/22 1940

RECEIVED

Jackson County Health Dept.,

County File Number

Date Filed

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 me

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

Signed Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.