

FILED FEB 17 1941

Registration District No. 210

Primary Registration District No. 3289

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Fayetteville Vep.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)In this community _____
years, months or days3. (a) PRINT FULL NAME Cleopatra Warner Kerns

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female5. Color or race White6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 25 1849

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

91211

hr.

min.

9. Birthplace Georgetown

(City, town, or county)

Kentucky
(State or foreign country)10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Willis Warner13. Birthplace Kentucky

(City, town, or county)

(State or foreign country)

14. Maiden name Eliza Coffey

(City, town, or county)

Kentucky
(State or foreign country)16. (a) Informant's own signature Mrs J. A. Wood(b) Address Stewartville Mo.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Jan - 8 - 1941

(Month)

(Day)

(Year)

(c) Place: burial or cremation Greenway Chapel18. (a) Signature of funeral director J. F. ...(b) Address Stewartville Mo.19. (a) Jan 7, 1941

(Date received local registrar)

(b) Mrs. John Gray

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. Rural
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1941 hour 2:00 minute 0 A. M.21. I hereby certify that I attended the deceased from Jan 2, 1941 to Jan 6, 1941that I last saw her alive on Jan 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Duration

1 week

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)2 years

PHYSICIAN

Major findings:

Of operations _____

Of autopsy _____

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) _____

(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? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature J. M. ...(M. D. or other) MO.Address Stewartville Mo.Date signed 1/7/41

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..... *F. J. Dixon*.....
Licensed Embalmer No. *952*.....
P. O. Address. *Stewartville 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.