

MAILED FEB 17 1941

Registration District No.

1120 Primary Registration District No.

5092

Registrar's No.

1. PLACE OF DEATH:

(a) County Madaway
(b) City or town Conception, Mo.
(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 1
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME ANDREW C. KERR

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married divorced single

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

7. Birth date of deceased, 9-7-1878
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Forgessville, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Andrew Kerr

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

14. Maiden name Barbara Decker

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

16. (a) Informant Mary Matlock
(b) Address Conception, Mo.

17. (a) (b) Date thereof 1-21-41
(Month) (Day) (Year)

(c) Place: burial or cremation Conception, Mo.

18. (a) Signature of funeral director Proctor & Gresham
(b) Address Conception, Mo.
19. (a) 1-20 (b) Earl Egan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway
(c) City or town Conception, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 1941 hour 7 minute 7:15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke by Automobile while going home. Walked across highway.
Due to multiple skull fractures
Multiple fractures of neck and chest
Due to multiple fractures of both legs.

Other condition: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 74

(b) Date of occurrence Jan 19, 1941

(c) Where did injury occur Conception, Madaway, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway #4
While at work? no (Specify type of place) (e) Means of injury By Automobile

23. Signature W.R. Jackson Conception, Madaway Co.
Address Merquanz, Mo Date signed 1-19-41

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

74
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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 *J. J. Williams*

Licensed Embalmer No. 1675

P. O. Address Marquette 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3646

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 620

Primary Registration District No. 5822

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Madaway
(b) City or town Jefferson W.P.
(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 _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Andrew C Kern
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased: 9 - 7 - 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1864 77 4 12 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

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

20. DATE OF DEATH: Month Jan day 19
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Andrew C. Kern

Due to was 77 years 4 months

Due to and 12 days old

when he died He

Other conditions was born
(Include pregnancy within 3 months of death)

Major findings: Sept 9 1864

Of operations: Anna Egan Register

Of autopsy: Exception Feb 76

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 W. R. Jackson (M. D. or other) _____

Address Maryville MO Date signed _____

SUPPLEMENTAL

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

