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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10079

Registration District No. _____ Primary Registration District No. 1001 Registrar's No. 269

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

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Welfare Board, (St. Joseph's Men Bureau (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Months, (Specify whether
In this community 50 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan,
(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")
(d) Street No. 108 North 2nd. Street, (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lonnie Kerns,
3. (b) If veteran, name war None, 3. (c) Social Security No. None,
4. Sex Male 5. Color or race White 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 October 27, 1874 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	4	8	hr. min.

9. Birthplace Andrew County, Missouri, (City, town, or county) (State or foreign country)
10. Usual occupation Fisherman,
11. Industry or business Self,
FATHER
12. Name John M. Kerns,
13. Birthplace DeKalb County, Missouri, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosa Wilson,
15. Birthplace Van Buren, Missouri, (City, town, or county) (State or foreign country)
16. (a) Informant Charles Kerns
(b) Address 2502 So. 4th. Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/41. (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olivet Cemetery,
18. (a) Signature of funeral director Heaton-Bigale-Bowman Funeral
(b) Address 319 So. 10th. Street, Home
19. (a) 3/10/41 (Date received local registrar) (b) H J Nestlebach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th. year 1941 hour 11:00 minute p. M.
21. I hereby certify that I attended the deceased from Jan 5, 1941 to March 5, 1941; that I last saw him alive on March 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Owen W Craig (M. D. or other) MD
Address St Joseph Mo Date signed 3-8-41

(Licensed Embalmer's Statement on Reverse Side) KIRKPATRICK BLDG.

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 Robert P. Clarkson

Licensed Embalmer No. 14028

P. O. Address St. Joseph, Mo.

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

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