2
41
39
26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10397

MAR 3 1941

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 425

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 mo., 24 days (Specify whether years, months or days)
In this community: Unknown 0

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: 999 121
(c) City or town: Blue Mound
(If outside city or town limits, write "RURAL") 0
(d) Street No.: --
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: John W. Kerr

3. (b) If veteran, name war: Spanish American

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: May Kerr, wife

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

7. Birth date of deceased: Oct. 6, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	5	10	hr. min.

9. Birthplace: Tilden, Texas / (City, town, or county) (State or foreign country)

10. Usual occupation: Automobile mechanic

11. Industry or business: ?

FATHER
12. Name: John A. Kerr
13. Birthplace: ? Texas / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mariah Wilson
15. Birthplace: ? Mississippi / (City, town, or county) (State or foreign country)

16. (a) Informant: Hospital Records
(b) Address:

17. (a) Independence, Mo. (Burial, cremation, or removal) (b) Date thereof: 3-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Blandy Mich. Cem.

18. (a) Signature of funeral director: Blandy Michaels, Undertaker
(b) Address: Independence, Mo. Excelsior Springs, Mo.

19. (a) March 17-1941 (Date received local registrar) (b) Mrs Rea McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1941 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from January 20, 1941 to March 16, 1941; that I last saw him alive on March 16, 1941, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive and coronary arterio sclerotic disease of the heart	
Due to: with cardiac enlargement; myocardial fibrosis and myocardial	
Due to: insufficiency, class IV	
Other conditions: Thrombosis, pulmonary artery (Include pregnancy within 3 months of death)	

Major findings:
Of operations: --
Of autopsy: as shown above

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: A. N. J. DOLAN, M.D. Acting Clinical Director (M.D. or other)
Address: Veterans Administration Excelsior Springs, Mo. Date signed: 3-17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-2-41

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs, M

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, fact should be so stated above.