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5-17-39
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FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH



14247

State File No. _____

Registration District No. 182

Primary Registration District No. 4108

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Clever
(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 _____ (Specify whether)

In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian 22

(c) City or town Clever 0
(If outside city or town limit, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Turner Kerr

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1941 hour 10 minute 15 a.m.

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

that I last saw him alive on Apr 9, 1941, 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 married

6. (b) Name of husband or wife Mary Kerr

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 9 - 1860
(Month) (Day) (Year)

Immediate cause of death Circulatory failure
I never saw deceased until a few minutes before death and know nothing of his past history
Due to only that I was told that he had been in declining health for some time.

Other conditions X
(Include pregnancy within 3 months of death)

8. AGE: Years 81 Months - Days -
If less than one day hr. _____ min. _____

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

10. Usual occupation retired farmer

Major findings:
Of operations X

Of autopsy X

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

11. Industry or business _____

12. Name Matthew H. Kerr

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

14. Maiden name Sarah Ellis

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

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? 168
(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature N. A. Watson (M. D. or other) 0
Address Lixa, Mo. Date signed 4-9-41

16. (a) Informant W. M. Kerr

(b) Address Lebanon, Mo.

17. (a) Burial (b) Date thereof Apr. 10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill

18. (a) Signature of funeral director W. M. Maple

(b) Address Cleaver Mo

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

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

200

RECEIVED

District Health Officer No. 6,

District File Number

541-712

Date Filed

MAY 6 1945

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.W. Maples

Licensed Embalmer No.

2985

P. O. Address

Clever, 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.

The Dr. who teated him first had
moved away, and they didnt know
where.

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1. PLACE OF DEATH:

(a) County Christian
(b) City or town Clever
(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 _____
(Specify whether _____)
In this community _____
years, months or days

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) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Turner Kerr
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: month Apr day 9
year _____ hour _____ minute _____ M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____
7. Birth date of deceased: (Month) (Day) (Year)

Immediate cause of death _____
Duration _____

8. AGE: Years 81 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions: _____
(include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name _____

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

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) _____ (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 23 1941 (b) Gerta Hicks
(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? _____

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

23. Signature W. B. Wasson (M. D. or other) _____
Address Nida _____ Date signed _____

SUPPLEMENTARY

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

ROWENA INC