

No. 2
11-10-39
3-17-39
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FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19287

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 142

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Rural (Washington Twp.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 days
(Specify whether)

In this community: Bawl
years, months or days

8. (a) PRINT FULL NAME: Walter Kern

8. (b) If veteran, name war: unknown

8. (c) Social Security No.: unknown

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: Dec 9th 1876
(Month) (Day) (Year)

8. AGE: Years: 64 Months: 5 Days: 0

If less than one day: — hr. — min.

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

10. Usual occupation: carpenter

11. Industry or business: —

MOTHER FATHER

12. Name: Francis M Kern

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

14. Maiden name: Eliza J Kern

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

16. (a) Informant: Hosp. Records

(b) Address: —

17. (a) Burial (b) Date thereof: 5/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: State Hosp #3

18. (a) Signature of funeral director: Terry Funeral Home

(b) Address: Nevada mo

19. (a) 5/12/41 (b) Allen J Hayes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Bates 7

(c) City or town: Rich Hill 2
(If outside city or town limits, write "RURAL")

(d) Street No.: County Home 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.: 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 9th
- year: 1941 hour: 7:50 minute: am M.

21. I hereby certify that I attended the deceased from May 5th, 1941, to May 9th, 1941, that I last saw him alive on May 8th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: hypertensive heart disease

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? —

795
While at work? — (Specify type of place) (s) Means of injury

23. Signature: J. J. [unclear] (M. D. or other) —

Address: Nevada Mo. Date signed: —

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

RECEIVED

District Health Officer No. 7,

District File Number 6-41-957

Date Filed 6-10-41

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 _____

Lank B Ferry

Licensed Embalmer No. _____

1760

P. O. Address _____

Nevada 4mo

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.