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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22433

Registration District No. 693 Primary Registration District No. 4415 Registrar's No.

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Edgerton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 85

(c) City or town Edgerton 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARGARET Elizabeth KERR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 2 (Month) 25 (Day) 66 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	3	12	hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name William Kerr
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Ann Searcy
15. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lena Kerr
(b) Address Edgerton, Mo.

17. (a) burial (b) Date thereof 6-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smith Cem. Edgerton

18. (a) Signature of funeral director Vivian R. Nash
(b) Address Edgerton Missouri

19. (a) 7-10-41 (b) Vivian R. Nash
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1941 hour 12.30 A.M. minute M.

21. I hereby certify that I attended the deceased from May 26 — 1941, to June 7 — 1941;
that I last saw her alive on June 7 — 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency and Chronic interstitial nephritis.

Due to

Due to

Other conditions 131a
(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 John A. Robinson, (M. D. ~~or other~~)
Address Edgerton, Missouri. Date signed 6-9-41.

(Licensed Embalmer's Statement on Reverse Side)

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 Vivian Rollins Fas

Licensed Embalmer No. 3947

P. O. Address Edgerton Ne

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

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