

No. 2  
-1-4-41  
5-17-39  
K X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Delzell

28314

FILED SEP 13 1941

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 661

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One hour  
(Specify whether years, months or days)

In this community 25 years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 021

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

(d) Street No. 2155 N. Rogers  
(If rural, give location)

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

3. (a) PRINT FULL NAME Benjamin Franklin Kernen (Kernen)

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edna Kernen

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb 15 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Stock Dealer

11. Industry or business Live Stock

MOTHER FATHER { 12. Name Albert Kernen

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

14. Maiden name Alice Welton

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

16. (a) Informant Mrs. Edna Kernen

(b) Address Springfield Mo

17. (a) Burial (b) Date thereof Aug 16/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mullenix Cemetery

18. (a) Signature of funeral director Herman Lohmeyer

(b) Address Springfield Mo.

19. (a) 8-16-41 (b) W. E. Handley, Jr.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th  
year 1941 hour 2 minute \_\_\_\_\_ p. M.

21. I hereby certify that I attended the deceased from April 1940  
\_\_\_\_\_ 19\_\_\_\_ to April 2 1941

that I last saw him alive on April 2 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions arterial sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 43A

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

Signature W. E. Handley, Jr. (M. D. or other)

Address Springfield, Mo. Date signed \_\_\_\_\_

984

(Licensed Embalmer's Statement on Reverse Side)

15 17  
L.S

**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 Ray A. Casin  
Licensed Embalmer No. 1763  
P. O. Address Springfield, 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, fact should be so stated above.

