No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29098

Registration District No. 685 — Primary Registration District No. 5909B — Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County Pike [illegible]
(b) City or town Clarksville — Rural
(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 Mo (b) County Pike 82 0 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) ~~Street No.~~ near Clarksville Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mattie C. Kerr

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 3 | 5. Color or race Colored | 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John M Kerr | 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Dec (Month) 16 (Day) 1874 (Year)

8. AGE: Years 66 | Months 7 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Corso (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Ned Hollaway
13. Birthplace # Dontknow 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Carter
15. Birthplace Montgomery Co 0 (City, town, or county) (State or foreign country)

16. (a) Informant Ned M Kerr
(b) Address Clarksville Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 6-41 (Month) (Day) (Year)
(c) Place: burial or cremation Ashley Mo

18. (a) Signature of funeral director Harry H Carroll
(b) Address Clarksville Mo

19. (a) 9/1/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 3 day 3rd year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Aug 1st, 1941, to Aug, 1941; that I last saw her alive on Aug 1, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 6 days

Due to Prostration following General Paralysis — years.

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

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 C. L. Bankhead (M. D. ~~or other~~) 11
Address Paynesville Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-41-1734
Date Filed SEP 18 1941

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 Harry Clarrow, Registered Apprentice No. 2439 working under my personal supervision.

Signed Harry Clarrow
Licensed Embalmer No. 2439
P. O. Address

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

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