S. No. 2
—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 2 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34749

Registration District No. 222 Primary Registration District No. 4135 Registrar's No. 14

1. PLACE OF DEATH: Gen. Open

(a) County: Lafayette

(b) City or town: Rural On highway 40 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gen. ambulance (enroute) to Ft. Leavenworth (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 Days (Specify whether years, months or days)

In this community yes Pilot Grove C.C.C. hospital

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clinton

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Floyd L Kerns

3. (b) If veteran, name war: World War

3. (c) Social Security No. ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, divorced: ✓ 3

6. (b) Name of husband or wife: Unknown ✓

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

7. Birth date of deceased: Nov (Month) 8th (Day) 1894 (Year)

8. AGE: Years 46 Months 1 1/2 Days 15 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation: Mechanic

11. Industry or business: C.C.C. World War Veteran

FATHER
12. Name: Mr Kerns
13. Birthplace: Clinton Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Baker
15. Birthplace: De Kalb Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant: F G Lyon

(b) Address: Mercantsville Mo

17. (a) Removal Burial (Burial, cremation, or removal) (b) Date thereof: Oct 26 -41 (Month) (Day) (Year)

(c) Place: burial or cremation: Resp Hemple Mo

18. (a) Signature of funeral director: Hays & Painter

(b) Address: Pilot Grove Mo

19. (a) Oct. 25/41 (Date received local registrar) (b) Mrs. E. L. McCutcheon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24 year 1941 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 24 1941 to Oct 24 1941; that I last saw him alive on Oct 24 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Collapse following Epileptic fits.

Due to: Died in ambulance enroute to Ft. Leavenworth hospital.

Due to:

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

Major findings: Of operations: 45.

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): None

(b) Date of occurrence: None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? No (e) Means of injury: None

23. Signature: Leo Landy (M.D. or other) O

Address: Pilot Grove Mo Date signed: 10/24/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-7-44

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

myself, Registered Apprentice No.

working under my personal supervision.

Signed Seyton E. Mayo

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Mo

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.

. S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 222 A 1 Primary Registration District No. 4135 Registrar's No.

1. PLACE OF DEATH:
(a) County Lafayette Co. 3 miles west of inter-section highways 13+40
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Died in Gov. ambulance enroute to Ft. Leavenworth hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 13 days - 2½ days in C.C.C. hospital here.
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 Floyd L. Kerns

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov 8, 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Oct. 25/41 (Date received local registrar) (b) Mrs. E. B. McCutcheon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1941 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

FEB 6 1962

S-34749