No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37330

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4124

048 3 8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 421 Park Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / / (Specify whether years, months or days)
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 421 Park Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mr John A. Kerr
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Ida Kerr
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased November (Month) 6th (Day) ~~1879~~ 1880 (Year)

8. AGE: Years 60 Months 11 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace San Francisco (City, town, or county) California (State or foreign country)
10. Usual occupation Retired Laundry Worker
11. Industry or business Standard Laundry
MOTHER FATHER
12. Name John Kerr
13. Birthplace (City, town, or county) Canada (State or foreign country)
14. Maiden name Susuan G Kerr
15. Birthplace (City, town, or county) Canada (State or foreign country)
16. (a) Informant Mrs Ida Kerr
(b) Address 421 Park Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri
19. (a) 11-5-41 (Date received local registrar) (b) B. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th year 1941 hour 11 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from 3-21-39, 19..., to nov 4, 1941; that I last saw h. alive on nov 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration
Due to Myocardial degeneration
Due to Chronic Interstitial nephritis
Other conditions 131 B
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

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 [illegible] (M. D. or other)
Address 303 [illegible] Date signed 11-5-41

(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. 267

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2799

P. O. Address..... KC

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.