

FILED FEB 11 1942
Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 Days (Specify whether)
In this community 46 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3921 Paseo (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Gilbert LeRoy Kerlin

3. (b) If veteran, name war No 3. (c) Social Security No. 586-01-0312

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Elizabeth D. Kerlin 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased October 19 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Treasurer

11. Industry or business Byron G. Bliss Realty & Loan

12. Name Richard LeRoy Kerlin
13. Birthplace Oldham County Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Selona Hulick
15. Birthplace Batavia Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. P. Kerlin
(b) Address 3921 Paseo

17. (a) Burial (b) Date thereof Jan. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Neasomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-22-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th
year 1942 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from 12-5 1941 to 1-19 1942
that I last saw him alive on 1-18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Subphrenic abscess Duration 2 weeks

Due to post-operative cholelithotomy 7-7-42

Other conditions 126
(Include pregnancy within 3 months of death)

Major findings: Cholelithiasis
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Boris V. Vukobratovic (M. D. or other) _____
Address Pleasant Hill Date signed 1-19-42

MC

215 Olga Medial Bay
12-1, 205-

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 *H. C. Newcome Jr*

Licensed Embalmer No. *4043*

P. O. Address *H. C. Newcome*

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.