

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5439

State File No. _____

FILED MAR 16 1942

Registration District No. 277

Primary Registration District No. 1002

Registrar's No. 871

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 3407 E. 7th St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(d) Street No. 3407 E. 7th St., (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1942 hour 4 minute 20 M.
21. I hereby certify that I attended the deceased from 2/22 - 42
_____ 19____ to 3/2 1942
that I last saw h. u alive on 3/2 1942
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME JULIA F. KERN
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. / 5. Color or race Wh.
6. (a) Single, widowed, married, 2 divorced, Widow
6. (b) Name of husband or wife Geo. B. Kern 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 27, 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Homemaker

11. Industry or business Charles Terry
12. Name _____
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Mary Scott
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Orville Kern
(b) Address 523 Colorado
17. (a) Burial (b) Date thereof 13/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill. Mo.

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.
(b) Address 2825 Indep. Blvd., K. Mo.
19. (a) 3/3/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral Obstruction v. hyp
Due to arterio Sclerosis 59+
Due to 94a
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
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) _____
(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? RAKELIPUS (Specify type of place) (a) Means of injury DMU
23. Signature RAKELIPUS (M. D. or other) DMU
Address 5400 IX Sp... Date signed 3/3/42

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

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(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.....
working under my personal supervision.

Signed *B. H. Blockner*.....

Licensed Embalmer No. *2247*.....

P. O. Address.....

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.