DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10674

Registration District No. 259

Primary Registration District No. De Kalb 54157

Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County: De Kalb
(b) City or town: Clarksdale (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home (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 .....

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

3. (a) PRINT FULL NAME: NEWTON M. KERNES

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: W

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

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

7. Birth date of deceased: Oct (Month) 3 (Day) 1858 (Year)

8. AGE: Years 83 Months 5 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Section Hand

11. Industry or business: .....

MOTHER FATHER
12. Name: William Kernes
13. Birthplace: De Kalb county (City, town, or county) (State or foreign country)
14. Maiden name: Louisa Vaughn
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Rachel Garrison
(b) Address: Clarksdale Mo

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

18. (a) Signature of funeral director: John G Brown
(b) Address: Clarksdale Mo

19. (a) 4-3-42 (Date received local registrar) (b) C W Wingley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31st year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar. 29th, 1942 to Mar. 29 1942, that I last saw him alive on Mar. 29th 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Undetermined ✓ — Duration

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? .....
While at work? ..... (Specify type of place) (e) Means of injury: ✓

23. Signature: R. L. Perkins (M. D. or other) MD
Address: Clarksdale Mo. Date signed 4/3/42

1248

(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 me, Registered Apprentice No. working under my personal supervision.

Signed John G. Brown

Licensed Embalmer No. 3933

P. O. Address Claysdale

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.

No. 2B
—8-21-41
1 X29289.

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. 16674

Registration District No. 259 Primary Registration District No. 4157 Registrar's No.

1. PLACE OF DEATH:
(a) County: DeKalb
(b) City or town: Clarksdale
(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 years, months or days)
In this community

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: Newton M. Kernes
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: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Oct (Month) 3 (Day) 1858 (Year)
8. AGE: Years 83 Months 5 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year 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.

Immediate cause of death — Duration
Probable cause
Due to: Carcinoma of Stomach
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations: H&P
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature: D. G. Perkins (M. D.)
Address: Clarksdale, Mo. Date signed: 5/6/42

SUPPLEMENTARY

S-10674 1942