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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12174

Registration District No. 796 Primary Registration District No. 6039 Registrar's No. 42

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Shackelford (Marshall)
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline 97
(c) City or town Mt. Leonard (Twp) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NELLIE LORETTA KERR
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Kerr
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr. -12- 1880 (Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Sweet Springs (City, town, or county) Mo (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Michael McGinnis 11
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Buck
15. Birthplace Lafayette Co (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Mrs Mammie Tuck
(b) Address Shackelford Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cem, Shackelford Mo
18. (a) Signature of funeral director Harry Hirshberger
(b) Address Marshall Mo
19. (a) Mar 11, 1942 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 8 year 1942 hour 11 minute 45 P. M.
21. I hereby certify that I attended the deceased from Feb 29, 1939, to March 8, 1942 that I last saw h. alive on March 8 - 1939, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	3 yrs
Due to	
Due to	
Other conditions Diabetes (Include pregnancy within 3 months of death)	

61

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 L. S. James (M. D. or other) 1
Address Blackburn Mo Date signed 8-10-42

1213 (Licensed Embalmer's Statement on Reverse Side) Dr James Blackburn Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-14-42

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton Mo

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.