

FILED MAY 20 1942

Registration District No. 1042

Primary Registration District No. 3008

State File No. _____

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Quilston

(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days 6 mos. 11 days

3. (a) PRINT FULL NAME Fred Kern

3. (b) If veteran, name war DK.

3. (c) Social Security No. DK.

4. Sex M U 5. Color or race W

6. (a) Single, widowed, married, divorced WID

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 17 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Germany Y
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Christina Kern

13. Birthplace Germany Y
(City, town, or county) (State or foreign country)

14. Maiden name Grady ?

15. Birthplace Germany Y
(City, town, or county) (State or foreign country)

16. (a) Informant Records of Court

(b) Address Memphis Mo

17. (a) Burial (b) Date thereof Apr 5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bible Home

18. (a) Signature of funeral director Fred Kern

(b) Address Memphis Mo

19. (a) 4-3-1942 (b) Joac Mounieff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Memphis Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) Germany

(e) If foreign born, how long in U. S. A.? DK. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3
year 1942 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 4/2/42, 1942, to 4/3/42, 1942
that I last saw him alive on 4/1/42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis

Due to Generalized arteriosclerosis

Due to _____

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

Major findings: 438
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 _____

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 George W. [unclear] (M. D. or other) Ch. D.

Address Quilston Mo Date signed 4/3/42

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

14
1
2

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 Gerth

Licensed Embalmer No. 1029

P. O. Address Memphis

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.