S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 22455

Registration District No. 645 Primary Registration District No. 6108 Registrar's No.

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

94
0
0

**1. PLACE OF DEATH:**

(a) County Stone
(b) City or town rural Ruth Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / home Galena, Route 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community most all of life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Stone 104
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Galena, Route#3 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Columbus Harvey Kerr

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Viola Kerr 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct. 5, 1876 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name C.C. Kerr
13. Birthplace Tenn. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Alice Harper
15. Birthplace Tenn. (City, town, or county) / (State or foreign country)

16. (a) Informant Gene Kerr
(b) Address Reedsprings, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June, 9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Payne Cemetry

18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.

19. (a) June 8 1942 (Date received local registrar) (b) Aubye Arnold (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 7th year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from He was dead when I first saw him 19 to 19 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic myocarditis | 2 yrs |
| Due to Acid Dyspepsia | 2 yrs. |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 93d | |
| 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. Shumate (M. D. or other) M.D.
Address Reeds Spring Mo Date signed 6/8/42

1282

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 742-948
Date Filed JUL 11 1942

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

Signed J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.**