V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26426

FILED SEP 11 1942

Registration District No. 49 Primary Registration District No. 1001 Registrar's No. 3248

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Willows Hospital-2929 Main St 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hrs 10 Min. (Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City Mo 6
(If outside city or town limits, write "RURAL")

(d) Street No. 2929 Main St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Susanne Kerlin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced babe 0

6. (b) Name of husband or wife none

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

7. Birth date of deceased Aug (Month) 29 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 11 hr. 10 min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Beth Kerlin
15. Birthplace Freeport Ill. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Ada Wyatt RN
(b) Address 2929 Main St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) 8-31-42 (Date received local registrar) (b) M. M. Crane (Registrar's signature) 36

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 30 day ... year 1942 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from Aug 29, 1942, to Aug 30, 1942; that I last saw her alive on Aug 30, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death prematurity 6½ mo twin # 1	
Due to 159	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. L. Dwyer (M.D. or other)

Address 315 Alameda Rd Date signed 8-30-42

(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.....

Licensed Embalmer No.....

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.