

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 11 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 830

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2431 Patee Street, 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 12 years, _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2431 Patee Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Balsiger Kerns

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Allen Kerns 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 7th, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Samuel Balsiger

13. Birthplace Unknown, Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Graves

15. Birthplace Unknown, Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ned Hoffman

(b) Address 2431 Patee Street

17. (a) Burial (b) Date thereof 8/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Cemetery

18. (a) Signature of funeral director Walter B. ...
(b) Address 319 So. 10th Street, Home

19. (a) 8-20-42 (b) Rose ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th,
year 1942 hour 7:00 minute 05a.m.

21. I hereby certify that I attended the deceased from Aug 15 to Aug 18, 1942
that I last saw him alive on Aug 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Abstruction Duration 4 days

Due to Concomitant of SMI needs
Small bowel ?

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations H 6 8
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) (c) Means of injury _____

23. Signature J. M. Allaman (M. D. or other)
Address Amherst, N.Y. Date signed 8/19/42

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

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 Aug 18 1941

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

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 Davis 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.