S. No. 2
I—9-4-41
. 5-17-39
I X29484

39
2
6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1942

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33733

Primary Registration District No. 2000

Registrar's No. 751

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 830 W. Monroe
(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 most8ofrlife, 8 yrs. last time

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

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

(d) Street No. 830 West Monroe
(If rural, give location)

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

If yes, name country 0

139
2
6

3. (a) PRINT FULL NAME Landon James Kerr

3. (b) If veteran, name war no

3. (c) Social Security No. 500-05-2098

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Laura Kerr

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 12, 1879 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	4	6	hr. ..... min.

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

10. Usual occupation carpenter

11. Industry or business

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

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

16. (a) Informant Mrs. L. J. Kerr

(b) Address 830 W. Monroe, Springfield

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 21 42 (Month) (Day) (Year)

(c) Place: burial or cremation Payne cem.

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever, Mo.

19. (a) 10-19-42 (Date received by local registrar) (b) Dr W. Hawley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1942 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1942, to Oct 18, 1942 that I last saw him alive on Oct 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Due to Bright's Disease of Kidneys	
Due to	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy no	

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) no

(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? no (e) Means of injury —

23. Signature LP Kerr (M. D. or other)

Address Springfield 0 Date signed 10-19-42

(Licensed Embalmer's Statement on Reverse Side)

W. E. Hc 184

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 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.