7. S. No. 2
DM—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36824

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 322.

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Highway # 3 1
(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 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Girardeau 16
(c) City or town Cape Girardeau 4
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES E. KERN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Maud Kern
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec. 27 1900 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
41	10	6	hr. min.

9. Birthplace Greenbrier (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Manager
11. Industry or business Tavern
FATHER
12. Name Jesse Kern
13. Birthplace Indiana 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ida Fowler
15. Birthplace Bollinger Co. Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Charles Kern
(b) Address Cape Girardeau Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 4 42 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmount Cem.
18. (a) Signature of funeral director Walthers Und. Co
(b) Address Cape Girardeau Mo.
19. (a) 11-4-42 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3. year 1942 hour 3 minute 0. M.
21. I hereby certify that I attended the deceased from Oct. 1, 1942 to Nov. 1, 1942 that I last saw him alive on Nov. 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration
Due to
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 A. M. Murphy (M. D. or other)
Address Cape Girardeau Date signed 11-2-42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 12-42-1476

Date Filed 12-8-42

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. H. Rister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, 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.