

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1616

State File No.

Registrar's No. 1281

Registration District No. 6542

Primary Registration District No. 1001000

1. PLACE OF DEATH:
 (a) County... BUCHANAN
 (b) City or town... ST. JOSEPH
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mo. St. Hosp. No. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr. 6 mos. 4 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Mo. (b) County... Jackson
 (c) City or town... Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4211 Independence Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country...

3. (a) PRINT FULL NAME JOHN KERN
 3. (b) If veteran, name war...
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 29
 year 1942 hour 8:00 minute 30 P. M.

4. Sex male 5. Color or race wht
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife... No record
 6. (c) Age of husband or wife if alive... 29 years
 7. Birth date of deceased Dec 29 1915
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 29 1942
 that I last saw him alive on Dec 29 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death Broncho pneumonia
 Hypertensive

8. AGE: Years 67 Months Days If less than one day hr. min.

Due to Undetermined, clinically Influenzal
 Duration 8 days

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

Other conditions Semipneumonia (Include pregnancy within 3 months of death) 3 yrs

10. Usual occupation Paper hanger

Major findings: Of operations 107
 Of autopsy as above

MOTHER FATHER
 12. Name No record
 13. Birthplace No record (City, town, or county) (State or foreign country)
 14. Maiden name No record (City, town, or county) (State or foreign country)
 15. Birthplace No record (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Records of Mo. St. Hosp. #2
 (b) Address St. Joseph, Mo.
 17. (a) Burial (b) Date thereof Dec 31 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation State Hospital # 2
 18. (a) Signature of funeral director Roy Stacey
 (b) Address St. Joseph, Mo.
 19. (a) 1-31-42 (b) W. G. Brown (Registrar's signature)
 (Date received local registrar) (City, town, or county)

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) (e) Means of injury
 23. Signature W. G. Brown (M. D. or similar)
 Address Mo. St. Hosp. # 2 St. Joseph, Mo. date signed 2.29.42

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

1233

(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.

not

John Roy Starnes

2435

St. Joseph, Mo.