

U. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5282**
Registrar's No. **1127**

Registration District No. **1549**

Primary Registration District No. **1002**

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

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:
808 Linwood Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether)

In this community **64 Yrs.**
years, months or days

3. (a) PRINT FULL NAME **Della C. KEARNS.**

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 **William M. Kearns.**

6. (c) Age of husband or wife if alive **44 1/2** years

7. Birth date of deceased **February 9th 1854**
(Month) (Day) (Year)

8. AGE: Years - Months | Days | If less than one day

89 | **0** | **22 2/4** hr. min.

9. Birthplace **Ye Zoo City Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **Thomas Cluman**

13. Birthplace **Ye Zoo City Mississippi**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann O'Flarity**

15. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Kearns.**

(b) Address **3421 Charlotte**

17. (a) **Burial** (b) Date thereof **3/5/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Melody-McGilley**

(b) Address **K. C. Mo.**

19. (a) **3-5-43** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City Missouri** **3**
(If outside city or town limits, write "RURAL") **8**

(d) Street No. **808 Linwood Blvd**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3rd**,
year **1943** hour **3** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Feb 18th**
1943 to **March 3rd** **1943**;
that I last saw her alive on **Mar 2** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia**

Due to **93E**

Due to

Other conditions **myo carditis**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy

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 **2**

23. Signature **Chas. F. Clark, M.D.** (M. D. or other)
Address **223 Argyle Bldg.** Date signed **3-5-43**

*Dr. clouds
angyle Blatz*

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 *Russell W France*

Licensed Embalmer No. *4255*

P. O. Address *K.C. 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.