

FILED MAY 5 1943

Registration District No. 164

Primary Registration District No. 3023 3032

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(c) Name of hospital or institution: 221 W. South St.
(d) Length of stay: In hospital or institution 13 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(d) Street No. 221 W. South St.
(e) Citizen of foreign country? No

In this community 13 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Kirby Kerr

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex male 5. Color of skin white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Katherine Kerr 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 12 - 1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Jackson Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER { 12. Name Caleb D. Kerr; 13. Birthplace Unknown, Ky.; 14. Maiden name Pauline Ledwell; 15. Birthplace Unknown, Ky.

16. (a) Informant Mrs. S. K. Kerr (b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Apr. 26 - 1943 (c) Place: burial or cremation Belton, Mo.

18. (a) Signature of funeral director Sweeney Phillips (b) Address Warrensburg, Mo.

19. (a) Apr. 26, 1943 (b) Sealor W. Williams (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1943 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Oct 15 1942 to April 25 1943 that I last saw him alive on April 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Duodenal carcinoma

Due to Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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? (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 H. H. Huette (M. D. or other) DO Address Warrensburg, Mo. Date signed 4/24/43

Duration 6 mo 10 days PHYSICIAN Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-26-43

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 E Ray Sweeney

Licensed Embalmer No. 1121

P. O. Address. Warrensburg

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.