V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

21640

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 24 1943

Registration District No. 4

Primary Registration District No. 2001

Registrar's No. 336

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nursing Home, 4521 N. Wall St;
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CARROLL
(c) City or town BOSWORTH MO;
(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 No

3. (a) PRINT FULL NAME Josie H. Kerr;
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Homer Kerr
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 23, 1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 22 If less than one day hr. min.

9. Birthplace St. Louis Mo; (City, town, or county) 0 (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Jonithan Holmes
13. Birthplace no record (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Yohey
15. Birthplace no record (City, town, or county) 9 (State or foreign country)
16. (a) Informant Homer Kerr
(b) Address Trenton Mo; 170 Main St;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-43 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem.
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) 6-14-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 14, day 1943
year hour 11-20 A.M. minute M.

21. I hereby certify that I attended the deceased from June 12, 1943, to June 14, 1943
that I last saw her alive on June 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Dy 6 Physician (M. D. or other)
Address 708 Tri as Bldg Date signed June 14 1943
Joplin Mo

1204 (Licensed Embalmer's Statement on Reverse Side)

43-6-513

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. 959

P. O. Address Joplin 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.