

S. No. 2
OM-2-43
5-17-50
I X 1507

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27962

State File No. _____

Registrar's No. 5

Registration District No. 69

Primary Registration District No. 5270

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Lincoln
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town rural Lincoln
(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 _____

3. (a) PRINT FULL NAME Clyde Matthew Kerr

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Leona Kerr. 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March, 23, 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business James Wiley Kerr

12. Name _____ 13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lavonia O'Brant
(City, town, or county) (State or foreign country)

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clyde Kerr
(b) Address Nixa, Mo. R#1.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 9, 43
(Month) (Day) (Year)
(c) Place: burial or cremation Delaware Chapel

18. (a) Signature of funeral director T. W. Maples
(b) Address Clever, Mo.

19. (a) July 11, 1943 (b) Mary J. Spear
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wounds thru heart

Due to _____
Due to Ill health

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) suicide

(b) Date of occurrence July 7th 1943

(c) Where did injury occur? Home, Clever, Christian Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at his farm home

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature M. P. Logan (M. D. or other)
Address Osark Mo 7-7-43 Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 843-927

Date Filed MAY 20 1938

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. W. Maples.....
Licensed Embalmer No. 2985.....
P. O. Address Cleaver, 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.