

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29479
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 325
(b) Township _____ or _____ Primary Registration District No. 4478 Registered No. 71
(c) City Lancaster (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Judith Ann Kerby

(a) Residence, No. _____ St. (If nonresident, give city or town and State) J
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1943
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 2 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottumwa Iowa

13. NAME Guy Kerby Jr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Mo

15. MAIDEN NAME Ewing Whitacre
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Mo

17. INFORMANT (ADDRESS) Mrs Guy Kerby Jr

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE July 10, 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morehead Lancaster, Mo

20. FILED July 10, 1943 A. C. Justice Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1943
22. HEREBY CERTIFY That I attended deceased from June 15, 1943, to July 9, 1943
I last saw her alive on July 9, 1943. Death is said to have occurred on the date stated above, at 7:55 a. m.
The principal cause of death and related causes of importance were as follows:

Infantile Hydrocephalus Date of onset _____

Other contributory causes of importance: 157a

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. E. Vaughn, M. D.

(Address) Lancaster, Mo.

RECEIVED

District Health Officer No. 10

District File Number

8-4-1943 05
AUG 12 1943

Date Filed

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

M. W. Leach

Licensed Embalmer No.

3731-3680

P. O. Address

Laurel, 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, above space should be left blank.