S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1943

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41645

Primary Registration District No. 1002

Registrar's No. 1396

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2522 Mulberry Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 27 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")

(d) Street No. 2522 Mulberry Street,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Albert E. Kerr,

3. (b) If veteran, name war None,

3. (c) Social Security No. 707-05-8048

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Viola L. Kerr,

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 3rd. 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	16	hr. min.

9. Birthplace Elgin, Illinois, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Lead Carman, C.B.& Q.Ry.Co

11. Industry or business Railroad, C.B.& Q.

FATHER
12. Name George Kerr,
13. Birthplace Unknown, Illinois, 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Fairburg
15. Birthplace Unknown, Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert E. Kerr,

(b) Address 2522 Mulberry Street,

17. (a) Burial (b) Date thereof 12/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cem., Graham, Mo.

18. (a) Signature of funeral director Heaton, Bergen & Bowman Funeral Home

(b) Address 319 So. 10th. Street,

19. (a) 12/20/43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th.
year 1943 hour 2:00 minute 30 a.M.

21. I hereby certify that I attended the deceased from Dec 1941 to Dec 17th 1943
that I last saw him alive on Dec 17th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61

Of autopsy no

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 H. F. Mundy Cor (M.D. or other)

Address 404 So 3d St Joseph, Mo Date signed 12/20/43

1255 (Licensed Embalmer's Statement on Reverse Side)

Already

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph M

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.