

FILED MAY 11 1944  
1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 hours (Specify whether  
In this community 7 hours years, months or days)

3. (a) PRINT FULL NAME ALAN KERR  
(b) If veteran, name war No  
(c) Social Security No. No

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced single  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: May 3rd, 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 7 hr. \_\_\_\_\_ min.

9. Birthplace: Kansas City, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Kerr  
13. Birthplace Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennie Poolé  
15. Birthplace Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant George Kerr  
(b) Address 1807 Woodland - 30-96

17. (a) Burial (b) Date thereof: 5/6/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director: Dunk and Polin Co.  
(b) Address 20 W. Linwood

19. (a) 5-5-44 (b) H. C. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Wyandotte  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1807 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4, year 1944 hour \_\_\_\_\_ minute 30 A.M.  
21. I hereby certify that I attended the deceased from May 3 1944 to May 4 1944  
that I last saw him alive on May 4 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Fetal pulmonary edema  
Due to deletases

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? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Specify means of injury)  
23. Signature H. C. Brown (M. D. or other) \_\_\_\_\_  
Address 3119 S. Maple Overlook Date signed 5/7/44

Duration 9 hrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 Charles M. Zwick

Licensed Embalmer No. 3774

P. O. Address Kansas City 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.**