S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40205

FILED JAN 11 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5330

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 3 days (Specify whether
In this community since 1889
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4130 Virginia 8
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME James Carson Kerr

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mamie L. Kerr

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

7. Birth date of deceased September (Month) 10 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	3	18	hr. min.

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

10. Usual occupation President

11. Industry or business Kerr-Spalding Wall Paper & Paint Co.

FATHER
12. Name James C. Kerr
13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown,
15. Birthplace unknown, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie L. Kerr,
(b) Address 4130 Virginia, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-29-44 (Date received local registrar) (b) F. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 44 hour 4:45 minute P M.

21. I hereby certify that I attended the deceased from May 30, 1942, 19 to 12/28/44, 19
that I last saw him alive on 12/28/44, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 3 days

Due to

Due to 83a

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Clinical & autopsy

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 [illegible] (M. D. or other)
Address 1109 Prof Bldg Kan Date signed 12/29/44

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 1415

P. O. Address R. C. 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.