

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas city mo
(c) Name of hospital or institution: St Joseph
(d) Length of stay: In hospital or institution 2 wks
In this community 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 42
(c) City or town Windsor
(d) Street No. R. # 3
(e) Citizen of foreign country? 1

3. (a) PRINT FULL NAME John Kerr
3. (b) If veteran, name war no
3. (c) Social Security No. none

20. DATE OF DEATH: Month Jan day 18
year 1945 hour 3 minute P.
21. I hereby certify that I attended the deceased from 4 1945 to 1-18 1945
that I last saw him alive on 1-18 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dora 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July 29 1882

Immediate cause of death MEGASTATIC CARCINOMA OF BRALAY Duration 4 mos
Due to PRIMARY LESION IN PROSTATE 6 mos
Due to OR LYONS
Other conditions CONSIDER EXCEPTED 2 mos
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 5 Days 19 If less than one day hr. min.
9. Birthplace Centertown Mo. U
10. Usual occupation Farmer

Major findings: Of operations GROSS FINDINGS AS ABOVE
Of autopsy NOT COMPLETED PRIMARY
Underline the cause to which death should be charged institutionally

11. Industry or business _____
12. Name John Kerr
13. Birthplace Ohio
14. Maiden name Fletcher
15. Birthplace Mo. U

16. (a) Informant Alma Lee Phifer
(b) Address Windsor, Mo. 21
17. (a) Removal (b) Date thereof Jan 18 1945
(c) Place: burial or cremation Windsor, Mo.
18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas city mo
19. (a) 1-19-45 (b) P. E. Brown

22. If death was due to external causes, fill in the following: PROSTATE
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature P. E. Brown (M. D. or other) _____
Address 6944 Maple St. Windsor, Mo. 21

for family use

RECEIVED
NOV 19 1945

NOV 19 1945

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 Alvin R. Hamschell

Licensed Embalmer No. 4159

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.