

FILED FEB 9 1945

Registration District No. 32

Primary Registration District No. 5114

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

1. PLACE OF DEATH:

(a) County Bellinger Waynes

(b) City or town Spain Spain

(c) Name of hospital or institution: none Imp

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bellinger

(c) City or town rural

(If outside city or town limits, write "RURAL")

(d) Street No. Near Spain, Mo

(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SUSAN MINERVA KERK

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - day 17

year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 1944 to Oct 1944

that I last saw her alive on Oct 15 1944

and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William Daniel Kerr

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

7. Birth date of deceased Aug 12 1915

(Month) (Day) (Year)

Immediate cause of death Senility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 90 Months 1 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Berry Co. Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

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

12. Name George Washington Master

13. Birthplace North Carolina

(City, town, or county) (State or foreign country)

14. Maiden name Barbara Barks

15. Birthplace Bellinger Co. Mo

(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm Wagener

(b) Address Spain, Mo

17. (a) Burial (b) Date thereof Oct. 18, 1944

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maddix Cemetery

18. (a) Signature of funeral director Wm Wagener

(b) Address Advance, Mo

19. (a) 12945 (b) Mrs. Geneva Graham

(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature E.C. Master (M. D. or other) DO

Address Advance, Mo. Date signed 12/45

RECEIVED

District Health Officer No. 4

District File Number 245-198

Date Filed 2-7-45

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.....

Lloyd S. Morgan Registered Apprentice No. ....  
working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, Md.

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.