

Registration District No. 128-373

Primary Registration District No. 4-2-45-6269 Registrar's No. 72

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Marshfield (Rural)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 997
(c) City or town Levy (If outside city or town limits, write "RURAL") 3
(d) Street No. West 34th Street (If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME JAMES H. KERR

3. (b) If veteran WORLD WAR II name war. 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Wanda Kerr 6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased Jan. 31, 1919
(Month) (Day) (Year)

8. AGE: Years 25 Months 10 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Little Rock ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business TRANSPO. CO.

MOTHER FATHER { 12. Name GARRETT KERR
13. Birthplace UNK. Kansas
14. Maiden name Alpha Janie UNK.
15. Birthplace Birmingham Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant File WDAGO #20-#24

(b) Address _____
17. (a) Removal (b) Date thereof 22 Dec., 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Arkansas

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) JAN 4-45 (b) Charles Bruce
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1944 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hemothorax, right Duration _____

Due to Laceration, lung, right

Due to Crushing injury to chest, right, sustained when he was pinned beneath a convey truck which overturned.
Other conditions Fracture, 3d, 4th, 5th and 6th ribs, right.

Major findings: _____
Of operations 1900-6
Of autopsy Confirmation of above 28
diagnoses. _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident

(a) Accident, suicide, or homicide (specify) 112

(b) Date of occurrence 21 December 1944

(c) Where did injury occur? 3 mi. south of Marshfield, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 66.

While at work? Yes (Specify type of place) Convey truck
(e) Means of injury Overturned.

23. Signature Alfred Lutting Capt MC (M.D. or other) _____
Address O'Reilly GH, Springfield, Mo. Date signed 12/22/44

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

A report submitted to the Bureau of the Census.

RECEIVED
District Health Officer No. 6;
District File Number 145-136
Date Filed JAN 22 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

L. Edwin Gorman

Licensed Embalmer No.

3177

P. O. Address

Springfield, 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.