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

FILED NOV 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33038

Registration District No. _____ Primary Registration District No. 5070 Registrar's No. _____

1. PLACE OF DEATH:
(a) County: ~~Harrison~~ Barton
(b) City or town: Milford Twp Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community: 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Barton 6
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Sheldon Star Rt
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: PATRICK FRANK KERR
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Hulda Kerr
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: April (Month) 25 (Day) 1870 (Year)
8. AGE: Years 75 Months 5 Days 12 If less than one day _____ hr. _____ min.
9. Birthplace: Vienna (City, town, or county) Mo (State or foreign country)
10. Usual occupation: farmer
11. Industry or business _____
FATHER 12. Name: Patrick Kerr
FATHER 13. Birthplace: unknown (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name: Lucretia Benton
MOTHER 15. Birthplace: unknown (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Patrick Kerr
(b) Address: Sheldon Mo. Star Route
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 10-45 (Month) (Day) (Year)
(c) Place: burial or cremation: St. James Cemetery
18. (a) Signature of funeral director: G B Beeny & Sons
(b) Address: Sheldon Mo
19. (a) OCT 10 1945 (Date received local registrar) (b) Marie Romanty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1945 hour 10:40 minute A.M.
21. I hereby certify that I attended the deceased from 10-4, 1945 to 10-7, 1945 and that I last saw him alive on 10-7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia and myocarditis - chronic	2 Day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Trigeminal neuralgia	

Major findings:
Of operations _____
Of 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: G B Bannister (M. D. or other)
Address: Grand Spring Mo Date signed 10-7-45

1413 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 5
District File Number 145-1095
Date Filed NOV 8 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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.