

S. No. 2  
OM-5-43  
v. 5-17-37  
I X3867

**FILED DEC 6 1945**  
Registration District No. 149

Primary Registration District No. 1002

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

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:  
3410 CHESTNUT AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 YEARS (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3410 CHESTNUT AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. MARIE KERR EVERETT

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife MR. ALBERT H. EVERETT  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. JUNE 22 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 29 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation at home

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

MOTHER FATHER {  
12. Name SAMUEL N. KERR  
13. Birthplace CHAMBERSBURG PENNSYLVANIA  
(City, town, or county) (State or foreign country)  
14. Maiden name REBECCA JANE SEELE  
15. Birthplace BARDSTOWN KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Albert H. Everett  
(b) Address 3410 Chestnut

17. (a) BURIAL (b) Date thereof 11-23-45  
(Burial, cremation, or removal) (City or town) (County) (State)  
(c) Place: burial or cremation WOODLAWN CEMETERY INDEPENDENCE, MISSOURI

18. (a) Signature of funeral director J. H. Newman's Son  
(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 11-22-45 (b) W. H. Waldline Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER Day 21 ST  
year 1945 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from Left  
1943 to NOV. 21 1945;  
that I last saw h. ev alive on NOV. 18 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac  
dilatation  
Due to Myocardia  
adventitia  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
20 Min  
1 year  
years

Major findings: \_\_\_\_\_  
Of operations no  
Of autopsy no  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (City or town) (County) (State)  
Means of injury \_\_\_\_\_  
23. Signature John T. Therman (M. D. or other) MD  
Address 102 E. 1st Ave. Date signed 11-21-45  
F. C. W.

1402 Bryant Rd  
1-5-

**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 *Carl Rapp*  
Licensed Embalmer No. *03458*  
P. O. Address *K.C. 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.**