V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37679

State File No.

Registration District No. 158 Primary Registration District No. 5590 Registrar's No. 184

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural — Big River Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route #1, Hillsboro, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 21 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Rural — Route #1 (If outside city or town limits, write "RURAL")

(d) Street No. Hillsboro — Mo. (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Alfred Clyde Kerns

3. (b) If veteran, 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 Nettie Wiley 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. 25 1869 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Holt Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Self

FATHER
12. Name Louis Kerns
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name — Unknown
15. Birthplace — Unknown — 9 (City, town, or county) (State or foreign country)

16. (a) Informant Nettie Kerns

(b) Address Route 1 - Hillsboro Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Ware Cemetary, Ware Mo.

18. (a) Signature of funeral director J. Lee Mothershead

(b) Address De Soto — Mo.

19. (a) Nov. 15 45 (Date received local registrar) (b) Alt. Eaton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1945 hour 12 Midnight

21. I hereby certify that I attended the deceased from Oct 22 1945 to Nov 7 1945 that I last saw him alive on Nov 7 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	3 wks
Due to Hypertension	yrs
Due to Arteriosclerosis	yrs
Other conditions (Include pregnancy within 3 months of death)	
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 J. P. Engel (M. D. or other) DO

Address De Soto Mo Date signed 11/9/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3531

P. O. Address Desoto 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.