DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41730

State File No. [illegible]

Registration District No. 188 Primary Registration District No. 5699 Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: Home Avalon Missouri (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 Since 1884

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Avalon (If outside city or town limits, write "RURAL") 0

(d) Street No. 2nd House East of Telephone Office (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ——

3. (a) PRINT FULL NAME JAMES CLINTON KERR

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Annie L Kerr

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

7. Birth date of deceased Dec (Month) 18 (Day) 1854 (Year)

8. AGE: Years 91 Months 0 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Knox County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired

11. Industry or business ——

FATHER
12. Name David Kerr
13. Birthplace ..... (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Nancy ?
15. Birthplace ..... (City, town, or county) Penn (State or foreign country)

16. (a) Informant Elmer Kerr

(b) Address Avalon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Avalon Mo

18. (a) Signature of funeral director Clifford W Austin

(b) Address Tina, Mo

19. (a) Jan 1 1946 (Date received local registrar) Myrtle Doss (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1945 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 10, 1943, to Dec 30, 1945, that I last saw him alive on Dec 10, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	10 years
Due to	
Due to	
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 A. Collier (M. D. or other)

Address Chillicothe Mo Date signed 12/31/45

1340 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tina Missouri

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.