

**FILED** JAN 21 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1079

**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:  
St. Luke Hosp. &  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Baby Robert MATHEW Kerns, Jr  
 3. (b) If veteran, name war 1st  
 3. (c) Social Security No. NO. IFE

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec. 9 1945  
(Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months 23 Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business INFANT

12. Name Robert Mathew Kerns, Jr

13. Birthplace Marshall Nebraska  
(City, town, or county) (State or foreign country)

14. Maiden name Fazel Cooney

15. Birthplace Edina Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Mathew Kerns, Jr  
 (b) Address 5325 Wayne

17. (a) Burial (b) Date thereof Jan 2 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary CEMETERY

18. (a) Signature of funeral director D. H. Newcomers Sons  
 (b) Address 1401 Brush Creek Blvd.  
 19. (a) 1-1-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**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. 5325 Wayne  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan day 1  
 year 1946 hour 3 minute 30A.M.  
 21. I hereby certify that I attended the deceased from birth  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on 12/31/45  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver  
 Due to congenital  
 Due to \_\_\_\_\_  
 Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Advanced fatty degeneration of liver, bronchial pneumonia, ascites

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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Geo. Herrman (M. D. or other)  
 Address St. Louis med Bldg Date signed 1/1/46

Duration

birth

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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

*A. C. Newcomer Jr*

Licensed Embalmer No.

*4043*

P. O. Address

*R. O. Ma*

**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.**