

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

29845

FILED SEP 16 1946

State File No.

Registration District No. 72

Primary Registration District No. 7289

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Gashland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Gashland 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Gashland
(If outside city or town limits, write "RURAL")
(d) Street No. Gashland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Raymond Harry Kerns

3. (b) If veteran, name war no 3. (c) Social Security No. 495-03-4430

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marea Elizabeth Kerns 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 21 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 2 13 hr. min.

9. Birthplace Hillsdale Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Credit Manager

11. Industry or business Niles Moser Cigar Co.

MOTHER FATHER
12. Name A.H. Kerns
13. Birthplace Hillsdale Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Kathrine Shane
15. Birthplace Pittsburg Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Raymond Kerns

(b) Address Gashland

17. (a) Cremation (b) Date thereof Sept. 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem K Mo.

18. (a) Signature of funeral director Smiths Funeral Home

(b) Address Worth Kansas City

19. (a) Sept 7 - 46 (b) Beulah Kitchner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4
year 1946 hour 7:50 minute P M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide By Gun Shot

Due to Coronary
Due to Coronary

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Coronary
Of autopsy 1640

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) Suicide Gunshot

(b) Date of occurrence 9-4-1946

(c) Where did injury occur? Gashland Clay Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature R.W. Prather (M. D. or other) Coroner

Address Exclusion Springs Mo. Date signed 9-4-46

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

RECEIVED

District Health Officer No. 1

District File No. _____

Date Filed 9-14-46

OCT 16 1946

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

Theron O. Smith

Licensed Embalmer No.

3928

P. O. Address

North Kan. City

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.