

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5301

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: Jordan Nursing Home, 3420 Benton Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Months
 In this community 45 Years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City "Rural"
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7915 Ward Pkway
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. LULA L. KERNS
 (b) If veteran, name war No
 (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife John W. Kerns
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 7th. 1860
 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 10
 If less than one day _____ hr. _____ min.

9. Birthplace North Carolina
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Jesse Leftwich

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. H. M. Higley

(b) Address 7915 Ward Parkway

17. (a) Cremation (b) Date thereof 12-19-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
 (b) Address 104 West 42nd St. Kansas City, Mo.

19. (a) 12-18-46 (b) Thalidine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 17
 year 1946 hour 5 minute 15 A.M.
 21. I hereby certify that I attended the deceased from Jan 27
 1944 to Dec 17 1946
 that I last saw he alive on June 30 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerotic heart disease
 Duration _____

Due to _____

Due to _____

Other conditions General arteriosclerosis
 (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? _____

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

23. Signature Thalidine Holmes (M. D. or other) _____
 Address 1124 Professional Bldg Date signed 12/19/46

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

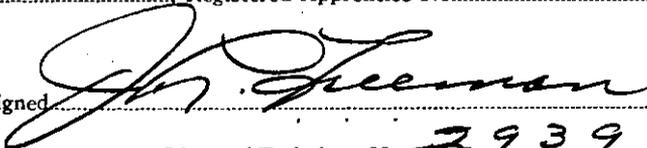
MOTHER FATHER

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed..... 

Licensed Embalmer No..... 2939

P. O. Address..... F. C. W. Co.

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.