

S. No. 2
DM-5-43
v. 5-17-39
I X36671

State File No. 797
Registrar's No. 6

FILED FEB 11 1947
Registration District No. 20

Primary Registration District No. 5449

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

1. PLACE OF DEATH: Jackaw Top

(a) County Gentry

(b) City or town King City Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community All life. (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry 38

(c) City or town King City Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Phoebe Armeta Kerns.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race Cau

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 30 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Buchanan Co. Mo. 3
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business same

MOTHER: FATHER {

12. Name John Gregory 7

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

14. Maiden name Serepta Willis

15. Birthplace Unknown. (City, town, or county) (State or foreign country) 4

16. (a) Informant Harry Kerns.

(b) Address King City Mo. R.R.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan. 16, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Hemple Mo.

18. (a) Signature of funeral director R. H. Taggart
Address King City Mo.

19. Jan 27 1947 (Day received local registrar)

Thomas H. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13. year 1947 hour 12:30 minute A. M. 47

21. I hereby certify that I attended the deceased from Jan 5 1947 to Jan 5 1947 that I last saw h. or alive on Jan 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to _____

Due to _____

Other conditions 83 A
(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? _____

If _____ (Specify type of place) _____ (e) Means of injury 2

23. Signature W. B. Barneo (M. D. or other) DO
Address King City, MO Date signed 1/15/47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.