

U.S. No. 2  
OM-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4010**

**FILED FEB 17 1947**

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

Primary Registration District No. **1000**

Registrar's No. **187**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**534 N. 17 St. 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 weeks**  
(Specify whether years, months or days) **All time.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **DeKalb**  
(c) City or town **Union Star R.R.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural route**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Emerson Donald Kerns.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Cau.** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Opal** 6. (c) Age of husband or wife if alive **36** years  
7. Birth date of deceased **May 2 1902**  
(Month) (Day) (Year)

8. AGE: Years **44** Months **9** Days **3** If less than one day hr. min.

9. Birthplace **Clinton Co Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Same**

12. Name **Milton Kerns.**  
13. Birthplace **Camden Co. Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elizabeth Worthly,**  
15. Birthplace **Clinton Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Opal Kerns.**

(b) Address **Union Star Mo.**

17. (a) **Removal** (b) Date thereof **2.5.1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **King City Mo.**

18. (a) Signature of funeral director **St. Joseph Funeral Home**

(b) Address **St. Joseph Mo.**

19. (a) **2-11-47** (b) **W. C. Jenkins**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **5.**  
year **1947** hour **5:5** minute **A.** M.

21. I hereby certify that I attended the deceased from **Nov. 29**  
**1946** to **Feb 4 1947**  
that I last saw him alive on **Feb 4 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Tax adenomas generalized carcinoma of site of origin never definitely established but probably of Colloidal in origin**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration **1 yr ?**

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? \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature **Robert McLeod** (M. D. or other) \_\_\_\_\_  
Address **St. Joseph, Mo.** Date signed **2/5/47**

**382** (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

*Dr. [unclear]*

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.....

*Charles M. Harmon*

Registered Apprentice No. *450*

working under my personal supervision.

Signed *John Roy Clancy*

Licensed Embalmer *2435*

P. O. Address *St. Joseph*

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.