

S. No. 2
-12-45
5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18333**
Registrar's No. **183**

Registration District No. **274** Primary Registration District No. **3052**

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
1614 South Ohio
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution five years
In this community five years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Helen Fay Kerr
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color 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 September 17, 1936
(Month) (Day) (Year)

8. AGE: Years 10 Months 7 Days 24
If less than one day hr. min.

9. Birthplace Peoria, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Harry E. Kerr
13. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Helen L. Mills
15. Birthplace Moniteau County, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Harry E. Kerr

(b) Address 1614 South Ohio, Sedalia,

17. (a) Burial (b) Date thereof 5/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter E. ...
(b) Address Sedalia, Missouri

19. (a) 5/12/47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(d) Street No. 1614 South Ohio
(If rural, give location) No
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1947 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from May 2, 1947 to May 10, 1947
that I last saw her alive on May 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of colon
Due to Adhesion around the lower colon, carcinoma
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations H&E
Of autopsy _____

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? _____

23. Signature W. H. L. ... (Specify type of place) _____ (e) Means of injury 2
Address 215 E. 14th - Sedalia, Mo. Date signed 5/14/47

Duration S. P. Ys.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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6
4
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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-23-47

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 Dwaine Ewing

Licensed Embalmer No. 3847

P. O. Address Idalia

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.