

S. No. 2
DM-2-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35271

State File No.

Registration District No. 274

Primary Registration District No. 5927

Registrar's No. 327

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town rural Green Ridge
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 entire life
years, months or days

3. (a) PRINT FULL NAME WILLIAM SEIGEL KEARN

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex male () race white
5. Color or race
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leona Jackson Kearns
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased April 30 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 7
If less than one day hr. min.

9. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Edward C. Kearns

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

14. Maiden name Frances Simpson

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

16. (a) Informant John Norman Kearns

(b) Address Greenridge, Missouri

17. (a) burial (b) Date thereof 10-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kickapoo Point Cem

18. (a) Signature of funeral director W. Raymond Baker

(b) Address West Moberly

19. (a) Oct 8th 1947 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town rural Knoblocher 10
(If outside city or town limits, write "RURAL")
(d) Street No. 10 mi East 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1947 hour 2 minute 54 P.M.

21. I hereby certify that I attended the deceased from July 13 1947 to Oct 7 1947
that I last saw him alive on Oct 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial disease
Duration _____

Due to _____

Due to _____

Other conditions diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 61
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 0

23. Signature H. A. Hite (M. D. or other) M.D.

Address Green Ridge Mo Date signed 10/8/47

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-24-47

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 ^{not} _____

W. Raymond Baker

, Registered Apprentice No. 25

working under my personal supervision.

Signed _____

C. L. Saulty

Licensed Embalmer No. 1086

P. O. Address 1 Grov-Master Ma

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.