S. No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

7771

State File No.

FILED MAR 26 1948

Registration District No. 27

Primary Registration District No. 5089

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural - Pleasant Gap Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 1 - Rockville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 - Rockville
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Victor Patrick Kern

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex M

5. Color or race W

6. (a) ~~Single~~, widowed, married, ~~divorced~~ M

6. (b) Name of husband or wife Lucille Kern

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

7. Birth date of deceased MAY (Month) 4 (Day) 1912 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	8	24	____ hr. ____ min.

9. Birthplace Prairie City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business ____

FATHER
12. Name Mike Kern
13. Birthplace Prairie City Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mintie Shea
15. Birthplace ____ Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lucille Kern

(b) Address Route 1 - Rockville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Prairie City

18. (a) Signature of funeral director Bond

(b) Address 510 Park Ave - Rich Hill, Mo.

19. (a) 2-12-48 (Date received local registrar) (b) Kendall Kerry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 28 year 1948 hour ____ minute 4 P M.

21. I hereby certify that I attended the deceased from Aug. 19 1937, to Jan. 28 1948 that I last saw him alive on Jan. 26 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to blood embolus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

PHYSICIAN

Underline the cause of 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? ____ (e) Means of injury 0

23. Signature L. D. Laffue (M. D. ~~or other~~)

Address Butler, Mo. Date signed 2-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-295
Date Filed 3-26-48

JUN 25 1954

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.