

No. 2  
12-45  
17-39  
K47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8768  
Registrar's No. 1351

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution hospital - 4 days (Specify whether in this community 4 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Leavenworth  
(c) City or town Kearse (If outside city or town limits, write "RURAL")  
(d) Street No. R.R. #2 Leavenworth (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR WILLIAM KERN

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

4. Sex M 5. Color or race W 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 October - 1884  
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cologne Bernau  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name  Helen Kern

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

14. Maiden name  Holman

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

16. (a) Informant Miss Ida Kern

(b) Address R.R. #2 Leavenworth

17. (a) Funeral (b) Date thereof 3 27 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kan

18. (a) Signature of funeral director Sumpter Funeral Chapel Sumpter

(b) Address Leavenworth, Kan

19. (a) 3-27-48 (b) Albaldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27  
year 1948 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from 3-24  
1948 to 3-27 1948  
that I last saw him alive on 3-26 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Brain  
Tumor of Brain - Malignant  
Due to glaucoma

Duration  
15 hrs.  
3 wks +

Due to \_\_\_\_\_  
Other conditions 540  
(Include pregnancy within 3 months of death)

Major findings: Malignant Glaucoma  
Of operations Rx. Temporal lobe  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury 0

23. Signature Donald F. Coburn (M. D. or other)  
Address 221 Plaza True Bldg Date signed 3-27-48

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

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.

*Body Not Embalmed*

Signed.....

*Richard W. Sneyd*

Licensed Embalmer No. *Kansas 1872*

P. O. Address *Lawrence, 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.**