

No. 2
-5-43
-17-46
X36671

State File No.

FILED JUN 24 1948

Registration District No. 274

Primary Registration District No. 4407

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town LaMonte
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town LaMonte Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Robert Emory Kerby

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-20-7644

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma D. Kerby 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Jan. 13 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day	
<u>68</u>	<u>5</u>	<u>46</u>	hr.	min.

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

10. Usual occupation Retail Merchant

11. Industry or business _____

12. Name Lee Kerby

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

14. Maiden name Missouri Henderson

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

16. (a) Informant Mrs Emma D Kerby

(b) Address LaMonte Mo.

17. (a) Burial (b) Date thereof 6-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaMonte Cemetery

18. (a) Signature of funeral director Paul M. Dixon

(b) Address LaMonte Mo.

19. (a) 6-19-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1948 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4-26 1946 to June 16 1948
that I last saw him alive on June 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 3 mo

Due to injury on 4-26-46 by pieces of slab which he was loading on truck

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

Major findings: Of operations 93.0

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) Accident 42

(b) Date of occurrence Apr 26-46

(c) Where did injury occur? Humber Henry Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While loading old slab on highway
While at work? yes (Specify type of place) Fall of slab
(e) Means of injury _____

23. Signature H.E. Walker (M. D. or dentist) H.E.

Address LaMonte Mo Date signed 6-18-48

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

MOTHER FATHER

JAN 9 1950

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-23-48

JUL 1948

JUL 5 1948

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.