. 300
10-47
17-39
. 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23720

FILED JUL 27 1948

Registration District No. 237 — Primary Registration District No. 3048 — Registrar's No. 174

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital (Specify whether)
In this community 48-0-0. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gentry 37
(c) City or town: Stanberry 3
(If outside city or town limits, write "RURAL") 0
(d) Street No.: North Park St. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Thomas Tukas Kerr
3. (b) If veteran, name war: No
3. (c) Social Security No.: None.
4. Sex: Male 4
5. Color or race: Wht. 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Myrtle Blanch Kerr
6. (c) Age of husband or wife if alive: 83 years
7. Birth date of deceased: 1 (Month) 2 (Day) 1861 (Year)

8. AGE: Years 87 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace: Picton (City, town, or county) Nova Scotia 8 (State or foreign country)
10. Usual occupation: Retired Carpenter
11. Industry or business: "
12. Name (Father): Gordon Kerr
13. Birthplace (Father): Scotland 4 (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Flora Hill
15. Birthplace (Mother): Nova Scotia 8 (City, town, or county) (State or foreign country)
16. (a) Informant: Myrtle Smith
(b) Address: Jennings Kansas.
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 7-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Burial - Jennings, Ar Jennings Kas
18. (a) Signature of funeral director: J. Evan Johnson.
(b) Address: East 2nd St Stanberry
19. (a) 7-16-48 (Date received local registrar) (b) Bess Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 48 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from July 8, 1948, to July 14, 1948; that I last saw him alive on July 14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration 2
Due to: Cardiac Failure — 3
Due to: Laceration of Liver with Hemorrhage — 6 dys
Due to: Contusion of Abdomen — 6 dys
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: 8-8
Of autopsy: 70 8-8

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 38
(b) Date of occurrence: 7-14-48
(c) Where did injury occur? Stanberry Gentry Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work? No (e) Means of injury: Car pounding
23. Signature: B. F. Blair (M. D. or other) MD
Address: 1315 Main Maryville Mo. Date signed 7/15/48

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1948

AUG 9 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 G. M. Atchison

Licensed Embalmer No. 2279

P. O. Address Maryville, 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.