No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26400
Registrar's No. 3253

Registration District No. 149
Primary Registration District No. 1002

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

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: 3421 Charlotte Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3421 Charlotte Street 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles C. KEARNS
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Florence Kearns
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April (Month) 11, (Day) 1884 (Year)

8. AGE: Years 64 | Months 3 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace ---- (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation Policeman
11. Industry or business K. C. Police Department
FATHER
12. Name William Kearns /
13. Birthplace ---- (City, town, or county) Illinois / (State or foreign country)
MOTHER
14. Maiden name Delia Cloonan
15. Birthplace ---- (City, town, or county) Illinois / (State or foreign country)
16. (a) Informant Mrs. Florence Kearns
(b) Address 3421 Charlotte St., K.C., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount St. Mary's
18. (a) Signature of funeral director Mallody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 8-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1948 hour 6 minute 35 A.M.
21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___;
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to
Due to 93 d
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings: Of operations
Of autopsy See Above

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. E. Usher (M. D. or other) M.D.
Address 2806 Main Date signed 8/10/48

(Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.