

FILED NOV 9 1948

Registration District No. 298

Primary Registration District No. 6024

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

1. PLACE OF DEATH:

(a) County Ray

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

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

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 3 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME JOSHUA VIRGIL KEARNS

3. (b) If veteran, name war.....

3. (c) Social Security No. 498-30-0569

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Jessie Logan Kearns

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased June 11 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

46 4 13 hr. min.

9. Birthplace Hamilton Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

MOTHER FATHER { 12. Name James Kearns

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

14. Maiden name Kathryn Winter

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

16. (a) Informant Mrs Alva Cooper

(b) Address Clmura Mo

17. (a) Burial (b) Date thereof Oct 26 '48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawsan Cemetery

18. (a) Signature of funeral director Jerman Prichard

(b) Address Lawsan Mo

19. (a) Oct 25 1948 (b) Mrs Raymond Snow  
(Date received local registrar) (Registrar's signature) 21 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24  
year 1948 hour 4:40 minute A M.

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

Immediate cause of death Acute Coronary Occlusion 2 hrs  
Duration

Due to Coronary Artery Disease

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 9/4/48

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?.....

(Specify type of place)  
While at work?..... (c) Means of injury 0

23. Signature Oliver Buchner (M. D. or other) 0  
Address Lawsan Date signed Oct 25 1948

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-8-48

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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 Lindell K. Jarman  
Licensed Embalmer No. 4589  
P. O. Address Excelsior Springs, 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.