606

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1949

Registration District No. 6

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4121

State File No.

Registrar's No. 5

1. PLACE OF DEATH:

(a) County: Christian

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Christian 22

(c) City or town: Billings
(If outside city or town limits, write "RURAL")

(d) Street No.: None
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: James C. Kerr

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mary Henson

6. (c) Age of husband or wife if alive: Deceased

7. Birth date of deceased: December (Month) 16 (Day) 1867 (Year)

8. AGE: Years 82 | Months 1 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Christian Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

MOTHER FATHER

12. Name: Spencer G. Kerr

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

14. Maiden name: Sanity Johnson

15. Birthplace: Lawrence Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mr. & Mrs. C. C. Kerr

(b) Address: Billings, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-24-1949 (Month) (Day) (Year)

(c) Place: burial or cremation: Kerr Cemetery Billings, Mo.

18. (a) Signature of funeral director: John Dean Harris

(b) Address: Clever, Mo.

19. (a) Jan 24 1949 (Date received local registrar) (b) Allie Dreier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22 year 1949 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct 17, 1948, to Jan 22, 1949; that I last saw him alive on Jan 22, 1949; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	6 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 331X	

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: Charles A Spears (M. D. or other) MD

Address: Billings, Mo. Date signed 1-22-49

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6
District File Number 249-156
Date Filed 2-4-49

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.