

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 yrs 4 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada State Hosp # 3</u>				d. STREET ADDRESS (If rural, give location) <u>Johnson Co</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u>			b. (Middle) <u>T.</u>		c. (Last) <u>KERNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 7, 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-2-1880</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentist</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mathias B Kerner</u>			13b. MOTHER'S MAIDEN NAME <u>Catharin Edos</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hosp - Records Nevada Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 day</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>450</u>					
		DUE TO (c) <u>Arteriosclerosis</u>					II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-3-</u> 19 <u>48</u> to <u>1-7-</u> 19 <u>49</u> , that I last saw the deceased alive on <u>1-7-</u> 19 <u>49</u> , and that death occurred at <u>6</u> P.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. H. Hall M.D.</u>				23b. ADDRESS <u>Nevada Mo.</u>		23c. DATE SIGNED <u>1-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1/8/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1/8/49</u>		REGISTRAR'S SIGNATURE <u>Nathyn Yancy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.W. Newcomer's Sons</u>		ADDRESS <u>1401 Brook Creek Blvd Kansas City, Mo.</u>	

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

RECEIVED

District Health Officer No. 7

District File Number 12-48-1570

Date Filed 1-10-49

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

John E. Fraking

Licensed Embalmer No. 4483

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.