

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12147

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4206 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hampton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hampton</u>	
c. LENGTH OF STAY (in this place) <u>80 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>North part of New Hampton</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>North part of New Hampton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizebeth</u> b. (Middle) <u>ANNA</u> c. (Last) <u>Kerlin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23 1949</u>		
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5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Oct 12 1868</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Harrison County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Benjamin F. Riccitti</u>			13b. MOTHER'S MAIDEN NAME <u>Rhoda Bender</u>			14. NAME OF HUSBAND OR WIFE <u>F.W. Kerlin Deceased</u>		
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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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Valena Gibson</u>		ADDRESS <u>Albany MO</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>47</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1946, to Mar 23, 1949, that I last saw the deceased alive on Mar 23, 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Green 2 D.O.</u>		23b. ADDRESS <u>New Hampton Mo.</u>		23c. DATE SIGNED <u>3-24-49.</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 25 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Foster cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Hampton MO</u>	
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DATE REC'D BY LOCAL REG. <u>April 4-49</u>		REGISTRAR'S SIGNATURE <u>Zola Currier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble</u>		ADDRESS <u>New Hampton MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 ML

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W. G. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton Md

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.