

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23474**  
**3301**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1005</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Kansas City,</b> c. LENGTH OF STAY (In this place) <b>non resident</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Lukes Hospt.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cedar 20</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eldorado Springs,</b> d. STREET ADDRESS (If rural, give location) <b>1001 South Main</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) _____ c. (Last) <b>Kern</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1949</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 17 1875</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>11</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>No Data</b>		13b. MOTHER'S MAIDEN NAME <b>No Data</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Kern</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ida Kern Eldorado Springs</b>		ADDRESS <b>Mo.</b>	
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) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Coronary Thrombosis</b> II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>yes</b> <b>4 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>H201</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>Jan 1945</b> , to <b>July 28, 1949</b> , that I last saw the deceased alive on <b>July 27, 1949</b> , and that death occurred at <b>4:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Edw. H. Phessen M.D.</b> (Degree of title)				23b. ADDRESS <b>Physician, Eldorado Springs, Mo.</b>		23c. DATE SIGNED <b>7-28-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/31/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Eldorado Springs Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Eldorado Springs Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-30-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo Nafus</b> ADDRESS <b>Eldorado Springs, Mo.</b>			

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

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3  
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Poland R. Stebbins*

Licensed Embalmer No. *3604*

P. O. Address *Indef. 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.