

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36166**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>344</u>							
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Rock Island</u>									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kirksville</u> )		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Milan</u>		999 11							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>124- 4th. Avenue</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u>			b. (Middle) _____		c. (Last) <u>Kerns</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 29, 1900</u>		9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Hannibal, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James H. Carrico</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Frances Epperson</u>				14. NAME OF HUSBAND OR WIFE <u>Archie Kerns</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Burton, Hannibal, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES <u>Rheumatic Heart Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>wremia</u> Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>416X</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								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>Nov 15, 1949</u> , to <u>Nov 25, 1949</u> , that I last saw the deceased alive on <u>11-25-1949</u> , and that death occurred at <u>8:35 a.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>A. T. Rhoads D.O.</u> (Degree or title)						23b. ADDRESS <u>Kirksville, Mo.</u>				23c. DATE SIGNED <u>11-25-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hannibal, Missouri</u>				24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>11-25-49</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Ryan</u> ADDRESS <u>Kirksville, Mo.</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 28 1949  
District Health Officer No. 10  
District File Number 11-49-19  
Date Filed NOV 28 1949

**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

*Ray H. Mercer*

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.