

DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41174

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5163

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 12 years		d. STREET ADDRESS (If rural, give location) 235 Ward Parkway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 235 Ward Parkway			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) A c. (Last) KERR			4. DATE OF DEATH (Month) (Day) (Year) December 6 1949		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH April 17, 1859		9. AGE (in years last birthday) 90		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist - Retired			10b. KIND OF BUSINESS OR INDUSTRY Drug Store			11. BIRTHPLACE (State or foreign country) Greenville, Darke County, Ohio			12. CITIZEN OF WHAT COUNTRY? U.S.A		
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13a. FATHER'S NAME Alexander Kerr			13b. MOTHER'S MAIDEN NAME Anna M. Cromer			14. NAME OF HUSBAND OR WIFE Rachel Kerr		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith Glenn		ADDRESS 235 Ward Parkway K.C. Mo	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Dementia							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3-11 X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **5-17**, 19**49**, to **12-5**, 19**49**, that I last saw the deceased alive on **12-5**, 19**49**, and that death occurred at **7 A** m., from the causes and on the date stated above.

23a. SIGNATURE Jack C. Vincent, M.D. (Degree or title)			23b. ADDRESS 410 W 47 St			23c. DATE SIGNED 12-6-49		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 10, 1949		24c. NAME OF CEMETERY OR CREMATORY Urlich Cemetery		24d. LOCATION (City, town, or county) (State) Urlich, Missouri	
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DATE REC'D BY LOCAL REG 12-6-49		REGISTRAR'S SIGNATURE J. Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Brown Funeral Home, Urlich, Missouri		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Ginsberg or Vincent
Prof Bldg.
Vt 3737
12 until 4

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 *Chas E Wilks*

Licensed Embalmer No. *2644*

P. O. Address *H.C. 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.