.S. No. 300
EV. 10.48

83

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42043

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville
c. LENGTH OF STAY (in this place): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville 83
d. STREET ADDRESS (If rural, give location): City 0

3. NAME OF DECEASED (Type or Print): a. (First) Julia b. (Middle) Elizabeth c. (Last) Kern

4. DATE OF DEATH (Month) (Day) (Year): Dec 26 - 1949

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married

8. DATE OF BIRTH: Oct 21 1866 **9. AGE** (In years last birthday): 83 IF UNDER 1 YEAR: Months 2 Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper **10b. KIND OF BUSINESS OR INDUSTRY**: Home

11. BIRTHPLACE (State or foreign country): St Louis Missouri **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: Max Kern **13b. MOTHER'S MAIDEN NAME**: Elizabeth Pinger **14. NAME OF HUSBAND OR WIFE**: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no **16. SOCIAL SECURITY NO.**: no **17. INFORMANT'S SIGNATURE OR NAME**: Ida E Devin **ADDRESS**: Parkville Mo

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) Broncho pneumonia & Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) advanced cerebro arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☒

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) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Oct, 1949, *to* Dec, 1949, *that I last saw the deceased alive on* Dec 24, 1949, *and that death occurred at* 2 30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bernard R. Mullins **(Degree or title)**: M.D. **23b. ADDRESS**: Parkville Mo **23c. DATE SIGNED**: 12-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: Dec. 29-1949 **24c. NAME OF CEMETERY OR CREMATORY**: Ridgepark Cemetery **24d. LOCATION** (City, town, or county) (State): Marshall Mo

DATE REC'D BY LOCAL REG.: Dec 29-49 **REGISTRAR'S SIGNATURE**: Alphia Rollins 257 **25. FUNERAL DIRECTOR'S SIGNATURE**: Leland H Francis **ADDRESS**: Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1-5-50

RECEIVED JAN 5

District Health Officer No. 8,

District File Number.....

Date Filed 1-11-50

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, ...

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.