

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

666

0320

BIRTH NO. _____ REG. DIST. NO. 29 PRIMARY REG. DIST. NO. 1380 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Clatsop</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clatsop</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>5 mi W Stewartville</u>		c. LENGTH OF STAY (If this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>5 mi W of Stewartville, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>—</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 23 - 50</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Kerns</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, REVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>4-26-1866</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Clatsop Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Walter M. Kerns</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah E. Chambers</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Walter Kerns</u>		ADDRESS <u>Stewartville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Uterus & Rectum</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>—</u>		22. I hereby certify that I attended the deceased from <u>Nov 24, 1949</u> , to <u>Jan 23, 1950</u> , that I last saw the deceased alive on <u>11-24, 1949</u> , and that death occurred at <u>9:25 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>E. M. Reynolds, MD</u>		23b. ADDRESS <u>Union Star Mo</u>	
23c. DATE SIGNED <u>Jan 27 1950</u>		24a. BURIAL, CREMATION, REBURIAL (Specify) <u>B</u>	
24b. DATE <u>1-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>5 mi W Stewartville Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Hummer</u>	
25. ADDRESS <u>Stewartville</u>		DATE REC'D BY LOCAL REG. <u>1-31-50</u>	
REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>		82	

(Licensed Embalmer's Statement on Reverse Side)

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



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 W. E. Summersfield

Licensed Embalmer No. 3007

P. O. Address Stevestonville, 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.