

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13057**
1414

FILED APR 21 1950

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
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) Kansas City Mo		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah				d. STREET ADDRESS (If rural, give location) 1217 Linwood			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) J.		c. (Last) Kernan		4. DATE OF DEATH (Month) (Day) (Year) 3 26 50	
5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 27, 1857	
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturing				10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (State or foreign country) Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Charles Kernan		13b. MOTHER'S MAIDEN NAME Mary Ferrenbach	
14. NAME OF HUSBAND OR WIFE Angela Kernan				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mr. Thomas D. Kernan				ADDRESS 1217 Linwood			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right lower lobar pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH One 1/2	
		II. OTHER SIGNIFICANT CONDITIONS Senile /y = Generalized arterio sclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490				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 3/20/50 to 3/26/50 , that I last saw the deceased alive on 3/25/50 , and that death occurred at 5:45 am , from the causes and on the date stated above.							
23a. SIGNATURE OF Harold Passman (Degree or title) Harold Passman MD				23b. ADDRESS Port. Bldg.		23c. DATE SIGNED 3/26/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Bellefontain		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 3-26-50		REGISTRAR'S SIGNATURE Rosaline Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar Kansas City, Mo.			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Max St. Kirkendoll

Signed
Student Embalmer

Licensed Embalmer No. *4632*

P. O. Address *A. C. 720*

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.