

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 237743

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>144</u>		
I. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
-b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie Twp</u>		c. LENGTH OF STAY (In this place) <u>1 yr 8 m 8 d</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3108		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Home</u>				d. STREET ADDRESS (If rural, give location) <u>512 Woodland</u>				
3. NAME OF DECEASED a. (First) <u>MARY</u> (Type or Print)			b. (Middle) <u>KERNER</u>		c. (Last) <u>KERNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>10-16-1898</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Jake Mummaw</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Edna Hall</u>		14. NAME OF HUSBAND OR WIFE <u>William Kerner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jackson Co. Home, Rt. #4 - Indep. Mo.</u>			ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson's Disease</u> ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Decubitus Ulcer (Dress)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>year</u> <u>3.50X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>March 2, 1950</u> , to <u>August 1, 1950</u> , that I last saw the deceased alive on <u>July 31, 1950</u> , and that death occurred at <u>12:50 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Henderson</u>				(Degree or title) <u>med</u>		23b. ADDRESS <u>1011 Park Ave</u>		
23c. DATE SIGNED <u>8/1/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u>		
24d. LOCATION (City, town, or county) (State) <u>Muncie Kas.</u>		DATE REC'D BY LOCAL REG. <u>8-31-50</u>		REGISTRAR'S SIGNATURE <u>Donald C. Linslow</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas E. Quirk</u>		
				ADDRESS <u>4316 Troost K.C. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Thomas E. Lewis*
Licensed Embalmer No. *3775*
P. O. Address *A. C. 7th*

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.