

# STANDARD CERTIFICATE OF DEATH

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>314 Main St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>M.</u>	c. (Last) <u>KERR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 2 - 50</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 7, 1870</u>	9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR (Months) <u>9</u>	IF UNDER 24 HRS. (Hours) <u>26</u>	IF UNDER 15 MIN. (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rubber Machine Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RUBBER</u>	11. BIRTHPLACE (State or foreign country) <u>Delaware</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>C. Kerr</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE Whinn</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Kerr</u>
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Laura Kelly</u>	ADDRESS <u>Trenton, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>1 1/2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Baroniosis of Retina</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>154X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 July 18, 1949, to Oct 2, 1950, that I last saw the deceased alive on Oct 2, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Duffy M.D.</u>	(Degree or title)	23b. ADDRESS <u>Trenton</u>	23c. DATE SIGNED <u>Oct 4 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>A.F.A.M. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/4/50</u>	REGISTRAR'S SIGNATURE <u>Jeanne Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Darius Blackmore</u>	ADDRESS <u>Trenton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Duffy



APR 8 1961  
FEB 21 1961  
MAR 18 1961

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.

*Myself*

Student Embalmer No.....

Signed.....

*Raymond A Davis*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3424

P. O. Address Jrenton, 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.