

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32319

FILED OCT 11 1950

BIRTH NO. _____ REG. DIST. NO. 32C PRIMARY REG. DIST. NO. 4482 Registrar's No. 45

0994

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

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Memphis</u>	c. LENGTH OF STAY (in this place) <u>entire life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u> b. (Middle) <u>Kerr</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15 - 50</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb 19 - 1872</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) last birthday <u>78</u> <u>6</u> <u>27</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Scotland Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Kerr</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Homer</u>	14. NAME OF HUSBAND OR WIFE <u>Emma C. Kerr</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, age or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>mo</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emma C. Kerr</u>	ADDRESS <u>Memphis 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3MO.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) <u>Memphis Scotland Mo.</u>
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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 April, 1946, to Sept 15, 1950, that I last saw the deceased alive on Sept 15, 1950, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. E. Hill, M.D.</u>	23b. ADDRESS <u>Memphis Mo</u>	23c. DATE SIGNED <u>9/17/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 17 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prairie View</u>	24d. LOCATION (City, town, or county) (State) <u>Scotland Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>9/22/1950</u>	REGISTRAR'S SIGNATURE <u>P. M. Baker 407</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest T. Baker</u>	ADDRESS <u>Memphis</u>
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Date Received: **OCT 9 1951**
DISTRICT HEALTH OFFICE #
District File Number /0-50
Date Filed: **OCT 9 1951**

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.

Signed Fred Gorth.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4256

P. O. Address Memphis

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.