10.48	FILED DEC 9	1950	STANDARD CERTIF	ICATE OF DEATH	State File No	37102	
10.43	BIRTH NO		REG. DIST. NO. 149		1002 Registrar's No.	4876	
210	1. PLACE OF DEA	TH		2 USUAL RESIDENC	E (Where deceased lived. If inst	titution: residence before	
008	a. COUNTY Jackson b. CITY (If outside corporate limits, write R			a. STATE Missouri	L b. COUNTY Ja	wkson admission).	
- 1			URAL and give c. LENGTH OF township) STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township)			
' _	TOWN Kansas City		township) STAY (in this place)	OR TOWN Kansas	City	α	
5	d. FULL NAME OF (III not in bosoits) or insti-				rural, give location)		
RECORD	HOSPITAL OR INSTITUTION 118 South 1		Monroe St	118 8	South Monroe St.	· · · · · · · · · · · · · · · · · · ·	
PERMANENT RI	3. NAME OF a. (First) DECEASED		b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)	
	(Type or Print) George		Franklin	Kerns	OF DEATH NOV.	20 1950	
	5. SEX Male 6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH	9. AGE (In years) of tremes last birthday) Months	Days Hours Min.	
₹	10a. USUAL OCCUPATION (Give kind of work		10b, KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT	
E.E.	done during most of working life, even if retired)		DUSTRY	Y COL		COUNTRY	
	Farmer		Retired 13b. MOTHER'S MAIDEN	Maysville, Missouri U		U.S.A.	
∢	13a. FATHER'S NAME					• .	
E E	<u>George Washi</u> is. was deceased ever			Flora Colvin Huldah B.Kerns 15. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
A A	(Yes. no, or unknown) (If		of service) NO.				
MAKE					. Kansas City,	INTERVAL BETWEEN	
	8. CAUSE OF DEATH Enter only one cause per 1 I. DISEASE OR CONDITION					ONSET AND DEATH	
INK	Enter only one cause per line for (a), (b), and (c) Interpretation of the control of the contro					-	
BLACK	*This does not mean the mode of dying, such	ANTECEDENT CA	NO MEATCEL OF GRITTEING				
Y.	as heart failure, authenia,	rise to the above of	s, if any, gioting DUE TO (b)		1		
- 11	etc. It means the dis-	the underlying cau	DUE TO (e)			15	
Ď,	tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS			245		
		Conditions contrib	uting to the death but not se or condition causing death			177	
UNFADING	19a. DATE OF OPERA- 19b. MAJOR FIND		DINGS OF OPERATION	-		20. AUTOPSY1	
2	TION		·			YES NO TO	
	21a. ACCIDENT	(Bpacify)	21b. PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR TOW	NSHIP) (COUNTY)	(STATE)	
NG			home, farm, factory, street, office bldg., etc.)				
PLAINLY—USING			Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?			
P	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK						
- k							
Ę I	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at m., from the causes and on the date stated above.						
Į.	- /// C T TERRE					Z3c. DATE SIGNED	
I.	23a. SIGNATARE	1 7 m	1 L / II LUX	04 to 17-11	Vonce Other No.		
위	Hearth Officer City Hall, Kansas City, Mo.						
WRITE	24a, BURIAL, CREMA- TION, REMOVAL (Breedty)	24b, DATE	1	· ·			
≨	Removal 4	Nov-20 1		Ma'	VSVILLE MISSOUPI	DRESS	
	DATE REC'D BY LOCAL REG.	REGISTE AR'S S	10 1/1				
	1/20-50 Steraldine Holmes Mrs. C. L. Forster Kansas City, Mis					MILESUUFI	
_		7	(Licensed Embalmer's 5	itatement on Reverse Side)			

THE DIVISION OF HEALTH OF MISSOURI

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.

Licensed Embalmer No