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

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5380</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>CLARKSDALE</u> OR TOWN <u>CLARKSDALE</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>HOME 3 MI. E. CLARKSDALE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>CLARKSDALE RURAL Washington</u> d. STREET ADDRESS (If rural, give location) <u>3 MI. E. of CLARKSDALE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>H.</u> c. (Last) <u>Kerns</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>20</u> (Year) <u>1951</u>		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>3-4-10-07</u>		9. AGE (in years last birthday) <u>44</u>		10. IF UNDER 1 YEAR: Months <u>16</u> Days <u>16</u> Hours <u>16</u> Min. <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Kerns</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Colvin</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Kerns CLARKSDALE 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>Arterio Sclerosis General</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7</u> <u>few weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR? _____	
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) _____ (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Feb 20</u> , 19 <u>51</u> , to <u>March 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 20</u> , 19 <u>51</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. H. Swigg</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mayville, Mo</u>		23c. DATE SIGNED <u>4-9-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amity</u>		24d. LOCATION (City, town, or county) <u>Amity</u> (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-18-51</u>		REGISTRAR'S SIGNATURE <u>Russell Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Bean</u>		ADDRESS <u>Mayville Mo</u>	



7001-1-1

11.10.51

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

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3233

P. O. Address Mayville 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.