

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21993**

FILED AUG 14 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5070 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MILFORD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST 4 MI EAST JERICO SPRINGS MO</u>	
c. LENGTH OF STAY (in this place) <u>38 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hulda</u> b. (Middle) <u>HENRIETTA</u> c. (Last) <u>KERR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 11 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 21 1875</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>FERINAND RICHTER</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA GLASIER</u>	14. NAME OF HUSBAND OR WIFE <u>PATRIC KERR</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 ADDRESS <u>See Kerr 302 South Oak Nevada Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Arterio sclerosis</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) (m.)	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>July 11, 1951</u> , to <u>July 11, 1951</u> , that I last saw the deceased alive on <u>July 11, 1951</u> , and that death occurred at <u>12 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. B. Bannister</u> (Degree or title)		23b. ADDRESS <u>W. Jerico Springs Mo 7-1251</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 13 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St James</u>	24d. LOCATION (City, town, or county) (State) <u>Barton co Mo</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Marie Konantz</u> 14		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Bernard Bury</u>	

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

~~DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield~~

~~RECEIVED AUG 7 1951~~

~~Dist. File~~

~~Date Filed~~

DIVISION OF HEALTH OF MD.  
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Dist. File 851-1487

Date Filed 8-10-51

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed S. Bernard Atney.....

Licensed Embalmer No. 4161.....

P. O. Address Sheldon, MD.....

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.