

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9114

State File No. ....

FILED APR 7 1953

BIRTH NO. 13870 REG. DIST. NO. 09 PRIMARY REG. DIST. NO. 4097 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Harrisonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural WEST DOLAN TWP. 0190</u>	
c. LENGTH OF STAY (in this place) <u>6 hours</u>		d. STREET ADDRESS (If rural, give location) <u>West Dolan Twp. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Billy</u>	b. (Middle) <u>Wayne</u>	c. (Last) <u>Kerr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 25 53</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>single</u>	8. DATE OF BIRTH <u>March 25, 1953</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 12 HRS. Days <u>28</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Harrisonville Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Kerr</u>	13b. MOTHER'S MAIDEN NAME <u>PEARL BREON</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Kerr</u>	ADDRESS <u>Louisburg Kansa</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Preterm Infant</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(6 mo) placenta previa</u> 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	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>774X</u>
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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?
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22. I hereby certify that I attended the deceased from 3-25, 1953, to 3-25-, 1953, that I last saw the deceased alive on 3-25, 1953, and that death occurred at 4:57 p.m., from the causes and on the date stated above.

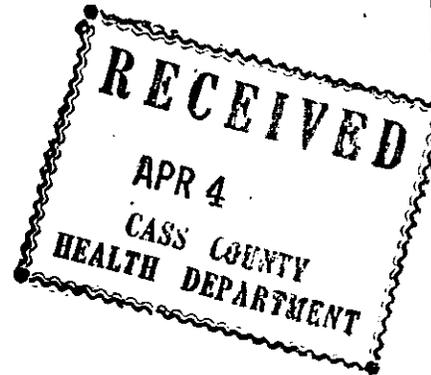
23a. SIGNATURE <u>Harry H. ...</u>	(Degree or title)	23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>4-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL, (Specify) <u>burial</u>	24b. DATE <u>3-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Louisburg City</u>	24d. LOCATION (City, town, or county) (State) <u>Louisburg Miami Kas</u>
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DATE REC'D BY LOCAL REG. <u>April 1, 1953</u>	REGISTRAR'S SIGNATURE <u>Dora Barward</u>	457-P	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Meyer</u>	ADDRESS <u>Louisburg Kas</u>
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(Licensed Embalmer's Statement on Reverse Side)

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



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 *Walter S. Kuyper* .....

Licensed Embalmer No. *3222* .....

P. O. Address *Loisburg Kansas* .....

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.