

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25339

State File No.

FILED JUL 23 1953

BIRTH NO.

REG. DIST. NO. 154

PRIMARY REG. DIST. NO. 5575

Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandview		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandview 7000	
c. LENGTH OF STAY (In this place) 23 Years		d. STREET ADDRESS (If rural, give location) Grandview, Mo. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grandview, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) FERDINAND b. (Middle) D. c. (Last) KERR			4. DATE OF DEATH (Month) (Day) (Year) July 4, 1953			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 7, 1900	9. AGE (In years last birthday) 52	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William M. Kerr		13b. MOTHER'S MAIDEN NAME Emma Frances Morris		14. NAME OF HUSBAND OR WIFE Sylvia Kerr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World War I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sylvia Kerr ADDRESS Grandview, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular renal disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amblyosing Spondylitis			INTERVAL BETWEEN ONSET AND DEATH 3 wks 5 yrs 30 yrs
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X		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 Feb. 1953, to July 1953, that I last saw the deceased alive on July 4, 1953, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William L. Doane MD		23b. ADDRESS 12921 Grandview Rd		23c. DATE SIGNED 7-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-7-53		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
				24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 7/6/53		REGISTRAR'S SIGNATURE Dr. Anne D. Hedger		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 1953

JUL 23 1953

12921
H. O. 2

H. O. 2

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



Licensed Embalmer No. 2939

P. O. Address H. O. 2

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

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