

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14975**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 507

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>St. Joseph</u> | c. LENGTH OF STAY (in this place) <u>1 week</u> | c. CITY OR TOWN <u>St. Joseph</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1912 Pacific St.</u>                                 |   | e. STREET ADDRESS (If rural, give location) <u>1912 Pacific</u> <u>0117</u>  |   |

|   |                               |   |  |   |  |
|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Jessie</u> b. (Middle) <u>Henrietta</u> c. (Last) <u>Kerns</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 14, 1954</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>Dec. 14, 1889</u>  | 9. AGE (In years last birthday) <u>64</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>        |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>                     | 11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co., Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>Christian Ruoff</u>   | 13b. MOTHER'S MAIDEN NAME <u>Zillah Hall</u> | 14. NAME OF HUSBAND OR WIFE <u>Ferry Kerns</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u> | 16. SOCIAL SECURITY NO. <u>none</u>          | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D. Donaldson</u> ADDRESS <u>1912 Pacific, St. Jos-</u> |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Carcinoma of the decending colon</u>  |  | <u>1 year</u>                    |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>left colostomy</u> |  | <u>1 year</u>                    |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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 viewed the deceased on 5/15, 1954, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

|  |   |  |  |
|--|---|--|--|
| 23a. SIGNATURE (Degree or title) <u>H. J. Mandy M.D. (Coroner)</u> |   | 23b. ADDRESS <u>St. Joseph, Mo.</u>  | 23c. DATE SIGNED <u>5/15/54</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>            | 24b. DATE <u>5/17/1954</u>                                  | 24c. NAME OF CEMETERY OR CREMATORY <u>Blakely Cemetery</u>                           | 24d. LOCATION (City, town, or county) (State) <u>Buchanan County, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>May 19, 1954</u>                       | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Nestor Bowman</u> ADDRESS <u>St. Joseph, Mo.</u> |  |

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

JUN 1 1956

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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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.