

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

DEC 22 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40735

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>5539</u>		Registrar's No. <u>79</u>				
1. PLACE OF DEATH a. COUNTY <u>Holt</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Douglas</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fortescue Rural Minton Twp</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Omaha</u>		<u>8260</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>3506 North 72nd</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>F</u>		c. (Last) <u>KERNS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3 1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 27, 1924</u>		9. AGE (In years last birthday) <u>30</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 WEEK: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>Urb. Kerns</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie Boyer</u>			14. NAME OF HUSBAND OR WIFE <u>Norma Jean Kerns</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW #2</u>		16. SOCIAL SECURITY NO. <u>486-24-7710</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Norma Jean Kerns</u>					ADDRESS <u>Omaha, Nebraska</u>	
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 <u>INSTANT</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL FRACTURE</u>				ANTECEDENT CAUSES 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. <u>E8234</u> <u>32</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>44th W. Fortescue, Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Highway 111 Holt, Co. Mo</u>						
21d. TIME OF INJURY <u>12-3-54 4 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>CAR LEFT ROAD</u> <u>044</u>						
22. I hereby certify that I attended the deceased from <u>NO</u> , 19 <u>NO</u> , to <u>NO</u> , 19 <u>NO</u> , that I last saw the deceased alive on <u>NO</u> , 19 <u>NO</u> , and that death occurred at <u>4 AM</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Dr. H. E. ...</u>				23b. ADDRESS <u>... Oregon, Mo.</u>			23c. DATE SIGNED <u>12-4-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/3/54</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>				
DATE REC'D BY LOCAL REG. <u>12-17-54</u>		REGISTRAR'S SIGNATURE <u>James Crawford</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Stoney Funeral Home</u> ADDRESS <u>St Joseph Mo</u>					

JAN 18 1958

FEB 8 1958

FEB 1 1958

FEB 7 1962

FEB 18 1955

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.

Student Embalmer No.

Signed _____

John Roy Plummer

Signed
Student Embalmer

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.