

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21458

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4092 Registrar's No. 109

| | | | |
|--|--|--|---|
| 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 township) OR TOWN <u>Archie</u> | | c. CITY OR TOWN <u>Archie</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>10 yrs.</u> | | e. STREET ADDRESS (If rural, give location) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Archie, Missouri Home</u> | | | |

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|---|-------------------------------|--|--|---|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>Emma</u> | b. (Middle) <u>Luella</u> | c. (Last) <u>Kerr</u> | <u>July 30, 1955</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>Feb. 3, 1866</u> | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 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>same</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lancaster Grant Co. Wis.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>Daniel Garner</u> | 13b. MOTHER'S MAIDEN NAME <u>Eli, abeth Sorrick</u> | 14. NAME OF HUSBAND OR WIFE <u>Barnard Kerr (deceased)</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>No</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Guy Kerr Archie, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>2 mo.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>large tumor of unknown pathology on colon</u> DUE TO (c) _____ | | |
| 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 attended the deceased from June 1, 1955, to July 30, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

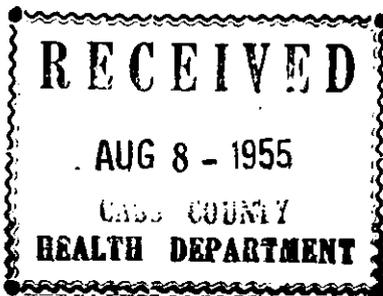
| | | |
|---|--|---|
| 23a. SIGNATURE (Degree or title) <u>E. E. Robinson M.D.</u> | 23b. ADDRESS <u>Adrian Mo</u> | 23c. DATE SIGNED <u>8-1-'55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/2/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Drexel, Missouri</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dora Barnard Robinson Pres. Archie, Missouri</u> | |

DATE REC'D BY LOCAL REG. August 1, 1955 REGISTRAR'S SIGNATURE Dora Barnard Robinson 457-0
 (Licensed Embalmer's Statement on Reverse Side)

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

190

0190



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 *Robert W. Robinson*.....

Licensed Embalmer No. *4902*

P. O. Address *Hannumville*

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.