

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33331**

FILED OCT 25 1955

4275

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>50 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital # 1</b>				e. STREET ADDRESS (If rural, give location) <b>1710 Jefferson</b>			
3. NAME OF DECEASED (Type or Print) <b>Mabel</b>		a. (First)		b. (Middle)		c. (Last) <b>Kerr</b>	
4. DATE OF DEATH		(Month) <b>October</b>		(Day) <b>3</b>		(Year) <b>55</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 16, 1875</b>	
9. AGE (in years last birthday) <b>80</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 Hrs. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>RESERVE KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>McGinnel</b>		13b. MOTHER'S MAIDEN NAME <b>DONALDSON</b>		14. NAME OF HUSBAND OR WIFE <b>JAMES KERR</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Claude Miles</b> ADDRESS <b>4020 Cleveland</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (a) <b>Undetermined pending further investigation</b> ANTECEDENT CAUSES <b>cardiac dilatation + hypertrophy</b> DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) <b>Investigation</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		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 <u>October 3, 1955</u> , to <u>October 3, 1955</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>Oct. 3</u> , 19 <u>55</u> , and that death occurred at <u>9:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>R. B. Burman, M.D.</b>				23b. ADDRESS <b>24th &amp; Cherry Sts.</b>		23c. DATE SIGNED <b>10/5/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-5-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty, MO</b>	
DATE REC'D BY LOCAL REG. <b>10-5-55</b>		REGISTRAR'S SIGNATURE <b>Neena Minchall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer</b> ADDRESS <b>Don N.K.C. Inc.</b>			

(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.....  
Signature of Student Embalmer

Signed..... *W. H. Hill*

Licensed Embalmer No. *450*

P. O. Address *K.C. 14*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.