

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41235

State File No.

BIRTH NO.		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (in this place) <u>621 days</u>		c. CITY OR TOWN <u>Galena</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>Mo. State Sanatorium</u>				e. STREET ADDRESS (If rural, give location) <u>1041</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>Randall</u> c. (Last) <u>Kerr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12, 1955</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>Nov. 13, 1930</u>		9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 12 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil - military service</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Galena, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Y. Kerr</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Baker</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Lou Kerr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes, 2 years</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>San. records, Mo. State San., Mt. Vernon, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis far advanced about 6 1/2 yrs.</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>002X</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) 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 <u>4 - 1 - 1954</u> , to <u>12 - 12 - 1955</u> , that I last saw the deceased alive on <u>12 - 12 - 1955</u> , and that death occurred at <u>8:15 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. Hellweg M.D.</u>				23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>12-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-12-55</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Galena, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-12-55</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Max L. Foyett</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

NOV 5 1955

JAN 10 1956

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..... *Wm L Forest*

Licensed Embalmer No. *412*

P. O. Address *Wm Forest*

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