

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20572**

FILED JUN 25 1956

2353

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (in this place) 53 yrs		c. CITY OR TOWN KANSAS CITY		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 4519 LIBERTY ST				11. STREET ADDRESS (If rural, give location) 4519 LIBERTY 31¹⁸ 0				
3. NAME OF DECEASED a. (First) John			b. (Middle) -		c. (Last) KERN		4. DATE OF DEATH (Month) / (Day) (Year) MAY 27 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1876 JULY 4, 1876		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BREWMASTER			10b. KIND OF BUSINESS OR INDUSTRY BREWERY		11. BIRTHPLACE (City and State or Foreign Country) BAVARIA GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRED KERN			13b. MOTHER'S MAIDEN NAME ANNA CRANE		14. NAME OF HUSBAND OR WIFE MARY KERN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-09-5048A		17. INFORMANT'S SIGNATURE OR NAME MARY KERN ADDRESS 4519 Liberty				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Failure					INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis					5 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4500	
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) (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 May 24th 1956 , to May 27, 1956 , that I last saw the deceased alive on May 27, 1956 , and that death occurred at 2:30 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Frank A. O'Connell (Degree or title) D) Frank A. O'Connell MA				23b. ADDRESS 327 Argyle Bldg Kpmo		23c. DATE SIGNED 5/28/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 29, 56	24c. NAME OF CEMETERY OR CREMATORY MT OLIVET		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO			
DATE REC'D BY LOCAL REG. 5-29-56 neva minshall		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Muehlebach Funeral Home Inc ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

K.C. no.

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

300
48

SEAN
C. J. HAZEL

JUL 9 1958

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. J. Ward*

Licensed Embalmer No. 39

P. O. Address 308 E. 6th St.
H. P.

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.