

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11879**

| | | | | | | | | |
|--|--|--|---|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 137 | | PRIMARY REG. DIST. NO. 4218 | | Registrar's No. 14 | | |
| 1. PLACE OF DEATH a. COUNTY Henry | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor | | c. LENGTH OF STAY (If this place) 3 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor | | 0420 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Windsor Hospital | | | | d. STREET ADDRESS (If rural, give location) 601 E. Colorado | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) LEE c. (Last) KERR | | | 4. DATE OF DEATH (Month) (Day) (Year) April 16, 1954 | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Sept 21, 1880 | | |
| 9. AGE (In years) Last birthday) 73 | | IF UNDER 1 YEAR Months 13 Days | | IF UNDER 100 Hrs. Hours 13 Mins. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Pettis County Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME L. C. Jackson | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Cooper | | 14. NAME OF HUSBAND OR WIFE Elmer Kerr | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Leonard Phifer ADDRESS Windsor Mo. | | | |
| 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) Rheumatoid arthritis 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. | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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) | | 7220 | | |
| 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 Jan , 19 53 , to 4-16 , 19 54 , that I last saw the deceased alive on 4-16 , 19 54 , and that death occurred at 10:35 p.m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Arnual MD (Degree or title) | | | | 23b. ADDRESS Windsor Mo | | 23c. DATE SIGNED 4/17/54 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4-18-54 | | 24c. NAME OF CEMETERY OR CREMATORY Laurel Oak | | 24d. LOCATION (City, town, or county) (State) Windsor Mo | | |
| DATE REC'D BY LOCAL REG. April-18-54 | | REGISTRAR'S SIGNATURE Florence Adair | | 25. FUNERAL DIRECTOR'S SIGNATURE Huston-Turner | | ADDRESS Windsor Mo | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
428

APR 27 1934

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, Mo.

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 this body is not embalmed, fact should be so stated above.