

No. 300  
-10-47  
-5-17-39  
-P I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36280

State File No. \_\_\_\_\_

FILED DEC 7 1948  
Registration District No. 137

Primary Registration District No. 5506

Registrar's No. 242

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town CLINTON - DAVIS TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether \_\_\_\_\_)  
In this community 38 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt 4 - Davis Twp.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

MARY E. KERNS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M. 5. Color or race W.  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife GEORGE A. KERNS  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased June 11 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 5 19 hr. \_\_\_\_\_ min.

9. Birthplace Gower Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Herry C. Herring

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie E. Jones

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant George A. Kerns

(b) Address Clinton, Mo. Rt 4

17. (a) Burial (b) Date thereof 12-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem.

18. (a) Signature of funeral director H. A. Tausant

(b) Address Clinton

19. (a) 12-1-48 (b) R. B. Kennedy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30  
year 1948 hour 11:32 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from Nov 30  
1948 to Nov 30 1948  
that I last saw her alive on 11-30  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 5 da

Due to Injury to back. Confined to bed 2 mo

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: D  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature H. A. Tausant (M. D. or other) MD  
Address Clinton Mo Date signed 12-1-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7;

District File Number 11-48-1412

Date Filed 12-6-48

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**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~~ \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*V. J. Tausant*

Licensed Embalmer No.

3779

P. O. Address

*Clinton*

**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.**