

No. 2
5-43
17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27760**
Registrar's No. **3430**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
508 So. Drury
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 74 yrs. (years, months or days)

3. (a) PRINT FULL NAME Herman Kershaw

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Burke Kershaw

6. (c) Age of husband or wife if 74 years

7. Birth date of deceased 12/10/1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>7</u>	<u>29</u>	hr. min.

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

10. Usual occupation Stationery Fireman

11. Industry or business Retired

MOTHER FATHER

12. Name -- Kershaw

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

14. Maiden name Pauline Kauffman

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

16. (a) Informant Joseph Kershaw

(b) Address Leavenworth, Kans.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8/12/47
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director John P. Shoell

(b) Address Kansas City, Mo.

19. (a) 8-11-47 (Date received local registrar)

(b) Altralaine Helms (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

MISSOURI 508 So Drury (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 508 So. Drury
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 9
year 1947 hour 6:45 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cornary thrombosis

Due to arterio sclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 93rd

Major findings:

Of operations _____

Of autopsy no history of impaction

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 3
corn

23. Signature Jimmie Walker (M. D. or other)

Address 1424 Prof. Hall **Date signed** 8-10-47

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John P. Skel

Licensed Embalmer No.

3625

P. O. Address.....

166 No

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.