

7937

STANDARD CERTIFICATE OF DEATH VOL. 769 PAGE 437

LOCAL REGISTRAR'S NUMBER: _____ STATE OF OREGON STATE FILE NO. _____
 BOARD OF HEALTH - PORTLAND 97101 PUBLIC HEALTH SERVICE DATE RECEIVED _____

1. NAME OF DECEASED: First Middle Last
 GEORGE BENJAMIN KERN

2. PLACE OF DEATH: A. COUNTY: Multnomah B. CITY, TOWN, OR LOCATION: Portland C. LENGTH OF STAY IN 28: 64 days

3. USUAL RESIDENCE (if institution, give residence before admission): A. STATE: Oregon B. COUNTY: Multnomah C. CITY, TOWN, OR LOCATION: Klamath Falls D. STREET ADDRESS, RURAL ROUTE, ETC.: Box 69E

4. DATE OF DEATH: Month Day Year: October 29, 1968 5. SEX: male 6. COLOR OR RACE: white 7. MARITAL STATUS: Married Widowed Divorced Never Married

8. SOCIAL SECURITY NO.: 540 26 3840 9. USUAL OCCUPATION: Ironworker 10. KIND OF BUSINESS OR INDUSTRY: _____ 11. NAME OF SPOUSE: Lucille

12. DATE OF BIRTH: Month Day Year: September 20, 1920 13. AGE LAST BIRTHDAY: 48 14. BIRTHPLACE (State or Foreign Country): Iowa 15. WAS DECEASED A CITIZEN OF: U.S. Foreign Country: _____ 16. IF DECEASED WAS A VETERAN, WHAT WAR?: VA Records

17. NAME OF FATHER: William Kern 18. MAIDEN NAME OF MOTHER: Alta Gearhart 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: VA Records

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C))
 PART I: DEATH CAUSED BY: IMMEDIATE CAUSE (A): Hodgkins disease
 (B): _____
 (C): _____
 PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): _____

21. If deceased was female, was there a pregnancy in the last 12 months? Yes No Unknown 22. Was an Autopsy performed? Yes No

23. WAS DEATH RESULT OF: Accident Suicide Homicide Natural Unknown 24. IF ACCIDENT OR SUICIDE, WHERE AND HOW IT OCCURRED: _____ 25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.): _____ 25B. City: _____ County: _____ State: _____

26. TIME OF INJURY: _____ 27. DESCRIBE HOW INJURY OCCURRED: _____

28. CERTIFICATE: I, _____ (attendant) (investigated the death of) the deceased from on or about August 27, 1968 to October 29, 1968 and that the death occurred at 8:20 AM from the cause and on the date stated above.
 P. R. SWANBER, M.D., STAFF PATH. LAB SVC., VA HOSPITAL, PORTLAND, OREGON 10-29-68

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: Buried Cremated Other: _____ 30B. DATE: 10/29/68 30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park 30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: NOV 1 32. REGISTRAR'S SIGNATURE: _____ 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: _____ Klamath Falls, Oregon
 Wards Klamath Funeral Home, Oregon

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK. THIS RECORD SHOULD BE STATED EXACTLY AS IT OCCURRED. AMBIGUOUS ENTRIES SHOULD BE STATED AS CAUSE OF DEATH. IF PLAIN LANGUAGE IS USED, IT MAY BE PROPERLY CLASSIFIED.

MEDICAL CERTIFICATION

STATE OF OREGON }
COUNTY OF MULTNOMAH }

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

John H. Danneberg, M.D.
Registrar of Vital Statistics

By *Deedda Higgins*
Deputy Registrar of Vital Statistics

Date NOV 13 1968

STATE OF OREGON; COUNTY OF KLAMATH; ss.
 Filed for record at request of Lucille A. Kern
 this 16th day of January A. D. 1969 at 3:15 o'clock P. M., and
 duly recorded in Vol. M-69, of Deeds on Page 437
 Fee \$1.50 Wm. D. MILNE, County Clerk
 By *Charles H. Houston*
 Deputy

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