

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2056
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 35
 (c) City St. Joseph (d) Street No. Missouri Methodist Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 7 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edwin J. Merrill l. o. o
 (a) Residence, No. _____ St. Agency, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 xx 1 x 22 xx
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry, business in which work was done, as mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Mo.
 13. NAME Pliney Merrill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk., Va.
 15. MAIDEN NAME Sarah Jane DeVorss
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 10, 1938, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1938 to Jan 10 1938.
 I last saw him alive on Jan. 10, 1938. Death is said to have occurred on the date stated above, at 9.30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cancer metastasis
Primary
Cancer liver secondary
 Date of onset ?
 Other contributory causes of importance: 46
 Name of operation Biopsy Rectum Date of Jan 7
 What test confirmed diagnosis? clinical Was there an autopsy? No

17. INFORMANT (ADDRESS) Miss Maglin Elder
3317 Doniphan Ave.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetery DATE Jan, 11, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Walter Meinhoff
1302 Barron St. St. Joseph, Mo.
 20. FILED 1-11 1938 H. J. Nettles
 Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) H. S. Conrad M. D.
 (Address) Kirkpatrick Bldg. St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. Mo. #3946

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Wilbur A. Kelly
Licensed Embalmer No. Mo. 3946

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.)