

RECD OCT 7 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
2  
CERTIFICATE OF DEATH

32276  
Do not use this space.

1. PLACE OF DEATH

(a) County Grundy  
(b) Township Wilson  
(c) City Laredo

Registration District No. 329 54 55  
Primary Registration District No. 5-192

Registered No. \_\_\_\_\_

(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARY ELLEN MERRYMAN 655

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Oct 28 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 10 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as saw 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) Grundy Co Mo

FATHER 13. NAME Benjamin Merryman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Charlotte Kilburn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Ruby M Woods

18. BURIAL, CREMATION, OR REMOVAL PLACE Richardson Cem DATE Sept 15 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J Robertson  
Laredo Mo

20. FILED Sept 20 1938 J. B. Humphreys  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938 to Sept 13 1938

I last saw him alive on Sept 7 1938 Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 1936  
CH

Other contributory causes of importance: Coronary sclerosis

Name of operation L Date of \_\_\_\_\_

What test confirmed diagnosis? L Was there an autopsy? No

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) J. B. Humphreys M.D.  
301 (Address) Laredo 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*E. J. Robertson*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*E. J. Robertson*

Licensed Embalmer No. *2468*

P. O. Address *Fairfax, Va.*

**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, above space should be left blank.**