REG'D SEP 21 1939

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

29779
Do not use this space.

1. PLACE OF DEATH
(a) County Morgan
(b) Township Richland
(c) City
(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.

Registration District No. 601
Primary Registration District No. 5796
Registered No. 10

2. PRINT FULL NAME Martha Dora Merk
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Merk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1882

7. AGE: Years 57 | Months 0 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Florence Mo.

FATHER
13. NAME Conrad Grupe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna Lutjen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Walter Merk
(ADDRESS) Otterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Florence Cem. DATE Aug. 14, 1939

19. FUNERAL DIRECTOR (NAME) Rapp & Stevinson
(ADDRESS) Stover, Mo.

20. FILED Aug 14, 1939 Mrs. Arthur Schroder
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939, to Aug 12, 1939
I last saw ~~him~~ her alive on Aug 11, 1939 Death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:

Multiple Cerebrals — Date of onset 10/39
9/0

Other contributory causes of importance: Endocarditis — 2 mos

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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?
If so, specify
(Signed) Hobart L. Fogle, M. D.
(Address) Otterville Mo

529

(Licensed Embalmer's Statement on Reverse Side)

N. B. Every item of information should be carefully supplied. Age should be given in years. Place of death should be given in full. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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, ...
Jewell Stevenson, or by .....

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

Signed: Jewell Stevenson

Licensed Embalmer No. 4073

P. O. Address: Stover, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.