

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15158

State File No. _____

MAY 13 1940

Registration District No. 401

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: 18th & Joplin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George W. Merry

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 22, 1846
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>5</u>	<u>27</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business _____

12. Name No Record

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature G. W. Merry

(b) Address 2024 Myers Ave

17. (a) Burial (b) Date thereof 4-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address 212 Joplin St., Joplin, Mo.

19. (a) 4-20-40 (b) Ed D. Jersey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1802 Pearl
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1940 hour 7 minute 45 P. M.

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

that I last saw him live on April 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured neck, fractured skull, fractured right arm & fractured right leg due to automobile accident with laceration with pedestrian

Due to _____

Other conditions (Include pregnancy within 3 months of death) 210 m

Major findings: Of operations _____

Of autopsy Inquest

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence April 18, 1940.

(c) Where did injury occur? Joplin Jasper Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Street - Joplin, Mo

While at work? no (Specify type of place) (e) Means of Injury Automobile

23. Signature A. H. Winchester (M. D. or other) _____

Address Joplin, Mo. Date signed 4-19-40

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Sam E. Senseney Jr*

Licensed Embalmer No. *4099*

P. O. Address *Joplin, Missouri*

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.