

1. No. 2
4-12-40
5-17-39
1 X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25425

State File No.

AUG 9 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

19
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County JASPER
(b) City or town JOPLIN
(c) Name of hospital or institution: ST. JOHNS HOSPITAL
(d) Length of stay: In hospital or institution 2 1/2
In this community 6 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JASPER
(c) City or town JOPLIN MO
(d) Street No. 726 SEX
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME

ROBERT ANTHONY MERING

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30
year 1940 hour 10 PM minute - M.

21. I hereby certify that I attended the deceased from with
July 16, 1940, to July 20, 1940;
that I last saw him alive on July 20, 1940;
and that death occurred on the date and hour stated above.

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced -

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

7. Birth date of deceased JULY 16 - 1940
(Month) (Day) (Year)

8. AGE: Years - Months - Days 4 If less than one day - hr. - min.

9. Birthplace JOPLIN MO
(City, town, or county) (State or foreign country)

10. Usual occupation -

11. Industry or business -

12. Name CLARENCE R. MERING

13. Birthplace JOPLIN MO
(City, town, or county) (State or foreign country)

14. Maiden name NOMI - WILSON

15. Birthplace LANAGAN MO
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence R. Mering
(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 7/22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW

18. (e) Signature of funeral director Paul K. Hullbert
(b) Address Joplin Mo.

19. (a) 7-22-40 (b) Ed S. Jones
(Date received local registrar) (Registrar's signature)

Immediate cause of death Broncho-pneumonia Duration 24-36 hr

Due to 1590
Due to -

Other conditions Congenital Heart Disease born with
(Include pregnancy within 6 months of death)

Major findings: Of operations - PHYSICIAN -
Of autopsy - Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? 372 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? - (Specify type of place) (e) Means of injury -

23. Signature Ed S. Jones (M. D. or other) M. D.
Address Joplin, Mo. Date signed July 22-40

40-8-304

STATEMENT BY LICENSED EMBALMER

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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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.