

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36527

Registration District No. 214 Primary Registration District No. 1-1-1 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Scott
 (b) City or town Benton R.F.D.
 (If outside city or town limits, write "RURAL" and name of township)
County Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether years, months or days)
 In this community 4 days
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Scott
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Andrew Jas Merick
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10 day 17
 year 1940 hour 12:30 minute _____
 21. I hereby certify that I attended the deceased from 10-15-40
 _____, 19____, to 10-17 1940
 that I last saw him alive on 10-16 1940
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Effie Merick
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 9 6 1875
 (Month) (Day) (Year)

Immediate cause of death
Cerebral apoplexy
or coronal disease
 Due to angina 20 days
 Due to Hypertension several years

8. AGE: Years Months Days If less than one day
65 1 11 _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death)
Bronchial asthma
 Major findings: Several years
 Of operations: _____
 Of autopsy: free injury today
previans

9. Birthplace Lion County Ky.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John Merick

13. Birthplace Lion County Ky.
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Ethridge

15. Birthplace New Madrid County Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Merick
 (b) Address Stoddard County, Mo.

17. (a) Burial (b) Date thereof 10 18 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director John Alveston
 (b) Address Sikeston, MO.

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence farm
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place) (e) Means of injury Tractor
 23. Signature llt... (M. D. or other) _____
 Address 10th Blk Chapin Date signed 10/17/40
no

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

1941a

RECEIVED

District Health Officer No. 2,

District File Number 140-166

Date Filed 11/7/40

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 John Alletton
Licensed Embalmer No. 2941

P. O. Address Sakaton m

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36527

Registration District No. 814

Primary Registration District No. 6063

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Exmore
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Canty Pool farm near Burton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Andrew J. Mericko

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 10 day 19
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Coronary disease
angina

Due to hypertension several
years
Bronchial asthma

Other conditions Knee injury
(Include pregnancy within 3 months of death)
10 days previous

Major findings Probably contributed to
Of autopsy his death

PHYSICIAN _____
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) (Hit by car)
Near Sikeston Mo

(b) Date of occurrence _____

(c) Where did injury occur? on farm of his relative
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
farm work repairing soaked tractor

While at work? _____ (Specify type of place)
(e) Means of injury Tractor

23. Signature Wozume (M. D. or other) _____
Address Brady Chicago Date signed 12/10/40

SUPPLEMENTAL