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10-30
1940

DEC 16 1940
751

Registration District No. _____

Primary Registration District No. **5990**

Registrar's No. **1458**

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

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Rural - Thomas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles S-W of Naylor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 57
years, months or days _____

3. (a) PRINT FULL NAME THOMAS HOWLAND MERRELL

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 married
6. (b) Name of husband or wife Anna Merrell
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Oct 15 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 28 Days _____
If less than one day _____ hr. _____ min.

9. Birthplace Hopkins Co. Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name John B. Merrell
13. Birthplace Line Stone Co. Ala.
(City, town, or county) (State or foreign country)
14. Maiden name Sourland
15. Birthplace Hopkins Co. Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Merrell
(b) Address Naylor

17. (a) Burial (b) Date thereof 11-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marlin Cem.

18. (a) Signature of funeral director Winnie Lish

(b) Address Naylor Mo.
19. (a) 11/4 1940 (b) Heerle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles S-W of Naylor
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1940 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from about Sept 1938 to Nov 3 1940
that I last saw him alive on Oct 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction with hypertension
Duration _____

Due to myocardial infarction

Due to _____
Other conditions senility
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy no

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) _____
(b) Date of occurrence _____
(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? _____

While at work? 675 Spring (Specify type of place) (a) Means of injury _____

23. Signature Heerle (M. D. or other) _____
Address Naylor Mo Date signed 11/4 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.....

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, above space should be left blank.