

**FILED DEC 12 1940**

Registration District No. **8-07**

Primary Registration District No. **1-187**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **WASHINGTON**  
(b) City or town **BLISS MO. RURAL.**  
(If outside city or town limits, write "RURAL" and name of township)  
**Washington**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **WASHINGTON**  
(c) City or town **BLISS. 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 **JOSEPH K. MERCEAL.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Nora. merceal.** 6. (c) Age of husband or wife if alive **76.** years  
7. Birth date of deceased **Aug. 10. 1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**80 3 18** hr. min.

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

10. Usual occupation **MINER.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **MOSES MERCEAL J.**

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

14. Maiden name **ODELL MERCEAL**

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

16. (a) Informant **TOM. MERCEAL**

(b) Address **BLISS MO.**

17. (a) **BURIAL** (b) Date thereof **11-29-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OLD MINES MO.**

18. (a) Signature of funeral director **T. B. Boyer**  
(b) Address **Tolson Mo. 90**

19. (a) **Dec 10 40** (b) **G. F. Ross**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** - day **28** -  
year **1940** hour **10** minute **0** A.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 **Infection urinary bladder infected**  
Due to **Basal cell**

Other conditions (Include pregnancy within 3 months of death) **137**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **G. F. Ross** M. D. or other? \_\_\_\_\_  
\*Address \_\_\_\_\_ Date\* signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.**