No. 2
11-10-39
5-17-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41921

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1368

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2226 South 6th (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: Donephan
(a) State Kansas (b) County ~~Buchanan~~
(c) City or town Donephan (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 JOHN MERSHON
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 widowed
6. (b) Name of husband or wife Martha Mershon
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) - 22 (Day) - 1868 (Year)

8. AGE: Years 72 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation retired farmer
11. Industry or business
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Charles D Mershon
(b) Address 2226 S 6th St. Joseph Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation Troy Kansas
18. (a) Signature of funeral director E. F. Karr
(b) Address Troy Kansas
19. (a) 12/28/40 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1940 hour 1:05 AM minute M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Dec 28, 1940 to , 19 ; that I last saw ~~[illegible]~~ , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to Senile Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 94 [illegible]
Major findings:
Of operations —
Of autopsy no

Duration

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? (Specify type of place)
85 While at work? (e) Means of injury 5
23. Signature H F Mundy (M. D. or other) Coroner
Address St Joseph Mo 404 Sec'd Date signed 12/28/40

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 E. F. Karr, Registered Apprentice No. ....., working under my personal supervision.

Signed E. F. Karr

Licensed Embalmer No. 2586

P. O. Address Troy, Ks.

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.