No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

10 JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42073

Registration District No. 134 Primary Registration District No. 4075 Registrar's No. 22

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

1. PLACE OF DEATH:
(a) County Carroll Co.
(b) City or town Bosworth - Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carroll
(c) City or town Bosworth
(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.? 0 years.

3. (a) PRINT FULL NAME Willis Mercer
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 M
6. (b) Name of husband or wife Abigail Mercer
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May (Month) 15 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
81	6	24	hr. min.

9. Birthplace Warren Co (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Farmer
11. Industry or business 0
FATHER
12. Name Leo Mercer 4
13. Birthplace (City, town, or county) England (State or foreign country) 0
MOTHER
14. Maiden name Charlotte Thorpe
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs Willis Mercer
(b) Address Bosworth Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 11 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Bethelhem
18. (a) Signature of funeral director David J. Edwards
(b) Address Bosworth, Mo.
19. (a) Dec. 11 1940 (Date received local registrar) (b) Mrs. A. G. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day Dec 9
year 1940 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Dec 1, 1940, to Dec 9, 1940;
that I last saw him alive on Dec 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide
Discharged load from Shot Gun in his Brain
Due to Poor Health
Due to
Other conditions 167
(Include pregnancy within 3 months of death)
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) Suicide
(b) Date of occurrence Dec 9-1940
(c) Where did injury occur? Bosworth Carroll Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Residence (Specify type of place)
While at work? (e) Means of injury Shot Gun
129
23. Signature A. J. Boss Brown M.D. (M. D. or other)
Address Bosworth Mo Date signed Dec 10/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 1-2-41
Date Filed

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 David L. Edwards

Licensed Embalmer No. 9265

P. O. Address Bismarck, N

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.