DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

X23159

FILED JAN 13 1941

Registration District No. 282

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42394

Primary Registration District No. 4166

Registrar's No. 36

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

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Campbell
(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 years, months or days) In this community ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin
(c) City or town: Campbell
(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: Harris G. Merritt
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: Flo Merritt
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: May (Month) 14 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
60	6	28	hr. min.

9. Birthplace: (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Mail Carrier
11. Industry or business: 0
MOTHER FATHER
12. Name: Theodore Merritt
13. Birthplace: (City, town, or county) Mo (State or foreign country)
14. Maiden name: Cornelia Gray
15. Birthplace: (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Wife
(b) Address: Campbell Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 15 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem
18. (a) Signature of funeral director: Sanders Funeral Home
(b) Address: Campbell Mo
19. (a) Dec 13 1940 (Date received local registrar) (b) E W Sanders (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1940 hour 7:30 minute a. M.
21. I hereby certify that I attended the deceased from Aug 27, 1940, to Dec 12, 1940 that I last saw him alive on ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: abdominal Cancer

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

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)
While at work? (e) Means of injury:

23. Signature: John L Brown (M. D. or other)
Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1941

RECEIVED
District Health Officer No. 2
District File Number 141-20
Date Filed 1/8/41

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.