

No. 2
4-13-40
5-17-39

JAN 1940

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 963

39
3
6

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield

(c) Name of hospital or institution: 2105 Kellett
(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

3. (a) PRINT FULL NAME JAMES EDWARD MERRELL

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife Alice Merrell 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased: Oct 4 1855
(Month) (Day) (Year)

8. AGE: Years 1 85 Months 1 Days 27 hr. _____ min. _____
If less than one day

9. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Farming

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Merrell

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Dec 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director W. H. Lyngue
(b) Address Springfield, Mo.

19. (a) 12-8-40 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 2105 Kellett
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st
year 1940 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on Dec 1st, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Sclerosis

Due to generalized arteriosclerotic
cardio-vascular disease

Due to _____

Other conditions Sensitivity
(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 W. E. Handley (M. D. or other) 5
Address Corners Greene County Date signed 12-2-40

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 Wm May Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield MO

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.

Y