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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2243

State File No. _____

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Excelsior Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs 4 months
(Specify whether years, months or days)
In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay ²⁴
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Excelsior Springs, Sanitarium
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME BYRON MERSHON

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 Eva Pritchard 6. (c) Age of husband or wife if alive no years
7. Birth date of deceased may 30 - 1862
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation Grocer

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Mershon
13. Birthplace Harboran, Penna. (City, town, or county) (State or foreign country)
14. Maiden name Kate Samuel
15. Birthplace Harboran, Penna. (City, town, or county) (State or foreign country)

16. (a) Informant J. W. Mershon

(b) Address Sperry, Okla.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/40
(Month) (Day) (Year)
(c) Place: burial or cremation Glenwood, Iowa

18. (a) Signature of funeral director Herbert Hoyle

(b) Address Excelsior Springs

19. (a) Jan 17 1941 (Date received local registrar) (b) Ans. Res. M. Backen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1941 hour 11 minute 35 P. M.
21. I hereby certify that I attended the deceased from December 1940 to Jan 15 1941

that I last saw him alive on 1/15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 24 hrs

Due to Hypostatic pneumonia 48 hrs

Due to Old age plus Influenza

Other conditions 33 W
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
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? _____

15 15 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Ans. Res. M. Backen (M. D. or other) _____
Address Excelsior Springs, Mo Date signed 1/27/41

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

JAN 21 1955

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 *Scott W. Hockensmit*

Licensed Embalmer No. *3597*

P. O. Address *Excelsior Spine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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