

No. 2  
4-13-40  
5-17-39  
P1 X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5973

State File No. ....

Registrar's No. ....

Registration District No. 299

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4101 Garfield /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ----  
(Specify whether  
In this community 70 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4101 Garfield  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME Willett G. Merrifield

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 Anna F. Merrifield 6. (c) Age of husband or wife if alive ---- years  
7. Birth date of deceased October 21 1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>3</u>	<u>28</u>	.....hr. ....min.

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

10. Usual occupation Cutter - Mill Worker

11. Industry or business Huttig Sash & Door Co.

MOTHER FATHER { 12. Name Merrifield  
13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)  
14. Maiden name No Record  
15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Shirley Allen

(b) Address 4101 Garfield

17. (a) Burial (b) Date thereof 2/21/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Date Funeral Home

(b) Address Kansas City, Kansas

19. (a) 2/20/41 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19  
year 1941 hour ----- minute ----- M.

21. I hereby certify that I attended the deceased from Nov 18  
1940 to Feb 19 1941  
that I last saw h. im alive on Feb 19 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death myo carditis - chronic Duration ?

Due to Arterio Sclerosis

Due to Arterio Sclerosis

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)

Major findings:

Of operations no Of autopsy no

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?

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

23. Signature H. H. Lane (M. D. or other) ---  
Address 906 Grand ave Date signed 2-20-41

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

18  
3  
8

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**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.....

*D. Ross Blanford*

Licensed Embalmer No. *4015*

P. O. Address *410 State Line*

**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.**