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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 17 1941

Registration District No. 427

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7356

Primary Registration District No. 5592

Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Pittsville — Jackson
(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: Johnson 51
(c) City or town: Pittsville 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME: William A. Merrill
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: Edna R. Merrill
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: August (Month) 22 (Day) 1861 (Year)

8. AGE: Years 79 | Months 5 | Days 12 | If less than one day: — hr. — min.

9. Birthplace: Lafayette County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Lawyer
11. Industry or business: —
12. Name (Father): Leven H. Merrill
13. Birthplace (Father): Unknown (City, town, or county) — (State or foreign country)
14. Maiden name (Mother): Susan Francis Smith
15. Birthplace (Mother): Unknown (City, town, or county) — (State or foreign country)
16. (a) Informant: Mrs Edna R. Merrill
(b) Address: Pittsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 5-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Blackwater Cemetery
18. (a) Signature of funeral director: J M Goodman
(b) Address: Holden Mo
19. (a) 2/7/41 (Date received local registrar) (b) Mrs G V Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1941 hour 12:00 minute 15 A.M.
21. I hereby certify that I attended the deceased from July 3, 1940, to Feb 4, 1941; that I last saw him alive on Feb 4, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: 14 N	
Due to:	
Other conditions: Gen Arteriosclerosis (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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Kelly Rawlins (M. D. or other) D
Address: Holden Mo Date signed 2/7/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3-10-41
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. Samuel B. Roper,

Licensed Embalmer No. 4044

P. O. Address Holden Ma

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

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