FILED MAY 10 1941

S. No. 2
—11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16164

State File No. [redacted]

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 130

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

1. PLACE OF DEATH:

(a) County VERNON

(b) City or town NEVADA (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATE-HOSPITAL No 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 3 MONTHS - 1 DAY (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State MISSOURI (b) County LAWRENCE

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

(d) Street No. 311 Mc MATT-AVE (If rural, give location)

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

3. (a) PRINT FULL NAME GLADYS-MERRITT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JESS MERRITT

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased SEPT (Month) 21 (Day) 1902 (Year)

8. AGE: Years 38 Months 7 Days 10 If less than one day — hr. — min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business NONE

FATHER 12. Name BEN LASITER

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

MOTHER 14. Maiden name EFFIE COOPER

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

16. (a) Informant RECORDS STATE HOSP No3

(b) Address NEVADA - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-41 (Month) (Day) (Year)

(c) Place: burial or cremation Shady, Mo

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

(b) Address Shady, Mo

19. (a) 5-1-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day ONE year 1941 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from JAN 30, 1941 to MAY 1, 1941; that I last saw her alive on MAY 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
LABAR PNEUMONIA (Rt.)	10 DAYS
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) PSYCHOSIS C LUETIC MENINGO ENCEPHALITIS	

Major findings: Of operations NONE

Of autopsy NONE

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.

(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 Paul L. Barone (M. D. or other) M.D.

Address State Hosp No 3 Date signed MAY 1 1941

(Licensed Embalmer's Statement on Reverse Side) Nevada, Mo

RECEIVED
District Health Officer No. 7
District File Number 5-41-782
Date Filed 5-7-41

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 R. Gordon Bennett, Registered Apprentice No. 250, working under my personal supervision.

Signed J. E. Horine

Licensed Embalmer No. 1414

P. O. Address Caswell, 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, above space should be left blank.