. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22517

State File No.

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 149

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 661 N. Ault St. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Moberly (If outside city or town limits, write "RURAL") 6

(d) Street No. 661 N. Ault St. 3 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME BILLY RAY MERRELL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased June-26-1941 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day hr. 30 min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Ray E. Merrell
13. Birthplace Wakenda (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lucile Gillande
15. Birthplace Wakenda (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ray E. Merrell

(b) Address 661 N. Ault Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-27-41 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

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

(b) Address Moberly Missouri

19. (a) June 27-41 (Date received local registrar) (b) Reah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 26 41

year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 26, 19__, to June 26, 1941

that I last saw him alive on June 26, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Premature infant

Due to Abruptio placenta

Due to Could by auto wreck 2 months previous

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

160 C

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? 925 (Specify type of place)

While at work? (e) Means of injury

23. Signature H. C. Griffith (M. D. or other) 0

Address Moberly Date signed 6/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-41-1288
Date Filed JUL 16 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.