

No. 2
-13-40
17-39
X23

FILED SEP 10 1941 85

Primary Registration District No. 1001

Registrar's No. 807

1. PLACE OF DEATH:
 (a) County Buchanan.
 (b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sunny Slope Isolation Hospital.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
(Specify whether
 In this community 4 Months.
years, months or days)

3. (a) PRINT FULL NAME Herbert Arthur Mercer.

3. (b) If veteran, name war _____ 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 January 17 1940
(Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 1 | 6 | 23 | hr. min. |

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

10. Usual occupation None

11. Industry or business _____

12. Name Robert K. Mercer.

13. Birthplace Willow Lake South Dakota
(City, town, or county) (State or foreign country)

14. Maiden name Velma Fay Berger

15. Birthplace Huronia, South Dakota
(City, town, or county) (State or foreign country)

16. (a) Informant Robert K. Mercer.

(b) Address 2003 Holman St.

17. (a) Cremation. (b) Date thereof Aug 11, 1941
(Specify cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery Kansas City, Mo.

18. (a) Signature of funeral director Herbert W. Stender

(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) 8-11-1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2003 Holman St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th.
year 1941 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from July 27, 1941 to Aug. 10 th. 41.
that I last saw him alive on August 10th. 19 41.
and that death occurred on the date and hour stated above.

Immediate cause of death epidemic meningitis
(meningococci)

Due to _____

Due to 6

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) [Signature]

Address 218 1/2 7th St. Joseph Date signed 8/11/41

Duration

7 2 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *Albert C. Harrington*

Licensed Embalmer No..... *3258*

P. O. Address..... *St. Joseph, 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, fact should be so stated above.