

No. 2
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27941

FILLED SEP 9 1941 20
Registration District No. 120

Primary Registration District No. 3009

Registrar's No. 294

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town CHARTER OAK MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Robert Gene Merrick
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 3
year 1941 hour 12 minute noon M.
21. I hereby certify that I attended the deceased from 8/3 1941, to 8/3 1941,
that I last saw him alive on 8/3 1941,
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 6 1941
(Month) (Day) (Year)

Immediate cause of death Enteric - Colitis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
5 27 hr. _____ min.
9. Birthplace CHARTER OAK MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name Dewey Merrick
13. Birthplace LION CO. KY
(City, town, or county) (State or foreign country)
14. Maiden name EMMA MALONE
15. Birthplace New Orleans Miss.
(City, town, or county) (State or foreign country)
16. (a) Informant Dewey Merrick
(b) Address CHARTER OAK MO
17. (a) Burial (b) Date thereof 8-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Essex MO. RFD
18. (a) Signature of funeral director Hunter Albritton
(b) Address Sikeston Mo.
19. (a) 8-3-41 (b) Jim Thompson
(Date received local registrar) (Registrar's signature)

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 Chas. J. Keck (M. D. or other) _____
Address Cape Girardeau Date signed 8/3/41

124 (Licensed Embalmer's Statement on Reverse Side)

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

Vertical stamp on left margin

100
0
0

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

12-5
9-2-17
3-8-17

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed *Hunter Albright*

Licensed Embalmer No. *4210*

P. O. Address *Sikeston 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.