

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 31954
 Registrar's No. 25

Registration District No. 502

Primary Registration District No. 4305

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Marceline
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Putman Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 Hours
 (Specify whether
 In this community 18 Years
 years, months or days)

3. (a) PRINT FULL NAME EARNEST ROBERT MERCER

3. (b) If veteran, name war _____ 3. (c) Social Security No. 709-14-2918

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Norah Mercer 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased Sept. 21, 1903
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>11</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Santa Fe Brakeman

11. Industry or business _____

MOTHER FATHER
 { 12. Name James Mercer
 { 18. Birthplace Wheeler, Illinois
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Ada Lamaster
 { 15. Birthplace LaCrosse, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Norah Mercer
 (b) Address Marceline, Mo.

17. (a) Burial (b) Date thereof Sept 8 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laplata, Mo.

18. (a) Signature of funeral director James M. Laughlin
 (b) Address Marceline, Missouri

19. (a) 9-8-41 (b) Olivia L. Barrett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
 (c) City or town Marceline
 (If outside city or town limits, write "RURAL")
 (d) Street No. 127 W. Richie
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
 year 1941 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept 5
 _____, 1941, to Sept 6, 1941.
 that I last saw him alive on Sept 6, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Post operative shock
 Due to Peritonitis Duration 2 days
 Due to Asphyxiation Duration 2 days

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations Thorax opened
 Of autopsy 12/11

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature W. B. Putman (M. D. or other) MD
 Address Marceline Date signed Sept 8

I X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 13 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.....

Dale Bunch.

Licensed Embalmer No..... 4088

P. O. Address..... Marceline, 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.