No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37533

Registration District No. DEC 22 1941 399

Primary Registration District No. 1002

Registrar's No. 4328

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: two days (Specify whether years, months or days)

In this community: 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 1209 Penn St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: John Merkle

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Merkle

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: May 3 1866 (Month) (Day) (Year)

8. AGE: Years 75 | Months 6 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county): Ohio (State or foreign country)

10. Usual occupation: Painter

11. Industry or business:

FATHER
12. Name: Joseph Merkle
13. Birthplace (City, town, or county): Ohio (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace (City, town, or county): No Record (State or foreign country)

16. (a) Informant: Mary Merkle
(b) Address: 1209 Penn

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov. 24 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Paola Kansas

18. (a) Signature of funeral director: Mrs. C.L. Forster
(b) Address: 918 Brooklyn

19. (a) 11-22-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 21st year: 1941 hour: 8 minute: 25 A. M.

21. I hereby certify that I attended the deceased from 8-19-40, 19__, to 11-21-41, 19__; that I last saw him alive on 11-19-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis with pleural effusion	
Due to: 13B	
Due to:	
Other conditions (Include pregnancy within 5 months of death):	
Major findings: Of operations:	
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:

(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: 0

23. Signature: Harry R. Thorn (M. D. or other)

Address: Med. Dir. K.C. Gen. Hospital Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.