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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42728

Registration District No. 680 Primary Registration District No. 5908 Registrar's No.

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rural Springcreek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 80 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps 81
(c) City or town Rural - Flat Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Wesley Merrell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Merrell
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Oct. (Month) 4 (Day) 1858 (Year)

8. AGE: Years 83 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Pulaska County Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name John Merrell
13. Birthplace / (City, town, or county) N.C. / (State or foreign country)
MOTHER
14. Maiden name Sarah Morrow
15. Birthplace Knox County Ind / (City, town, or county) (State or foreign country)
16. (a) Informant Fred Merrell
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion
18. (a) Signature of funeral director Lee Johnson
(b) Address Newburg Mo
19. (a) Dec. 14, 1941 (Date received local registrar) (b) Alpha Capps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1941 hour 5 30 minute 8 M.
21. I hereby certify that I attended the deceased from
2 yrs, 19 , to Dec 7 , 1941;
that I last saw him alive on no data , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Nephritis ✓
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature R E Brewer (M. D. or other)
Address Newburg Mo Date signed 12/14

(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 Lee Johnson

Licensed Embalmer No. 3397

P. O. Address Newburg W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

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

No. 2B
8-21-41
X29288

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Registration District No. 680 Primary Registration District No. 5908 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County: Phelps

(b) City or town: Rural

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: John W. Merrell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Oct (Month) 4 (Day) 1858 (Year)

8. AGE: Years 83 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: Nephritis (Chronic)

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

S-42728