

S. No. 2
1-1-4-41
7. 5-17-39
P-1 X26390

13959

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 135

Primary Registration District No. 4075

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

1. PLACE OF DEATH:
(a) County CARROLL
(b) City or town Bosworth Mo.
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County CARROLL 17
(c) City or town Bosworth MO (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 Abigail MARY MERCET
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27 year 1942 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 27 1942 to April 27 1942
that I last saw her alive on April 26 1942 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 16 1868
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration _____
Due to Endocarditis

8. AGE: Years 73 Months 4 Days 11 If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 94 a
Of autopsy _____

9. Birthplace CARROLL MO (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WORK

11. Industry or business _____
12. Name STEPHEN O'CONNOR
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH ANN PATTON
15. Birthplace ENGLAND (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs Ruby Patton
(b) Address Bosworth MO
17. (a) Bethlehem (b) Date thereof 4 30 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem
18. (a) Signature of funeral director David J Edwards
(b) Address Bosworth Mo
19. (a) April 30 1942 (b) Ruth Perry Edwards
(Date received local registrar) (Registrar's signature)

23. Signature Abigail Brown Juko (M. D. or other) _____
Address Bosworth Date signed April 28 1942

1053

(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 *David J. Edwards*
Licensed Embalmer No. *3265*
P. O. Address *Bonworth MS*

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.