

FILED MAY 21 1942 298

Primary Registration District No. 3019 5554

Registrar's No. 110

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence Rural Blue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Corner Mills and Sea Township
(If not in hospital or institution, write street number or location)

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

In this community 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Mills and Sea
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Melissa Saphrona Merrick

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Lvman J Merrick

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

7. Birth date of deceased Nov. 6 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business Housewife AT Home

12. Name Frank Rudd

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

14. Maiden name Eivira Fish

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

16. (a) Informant Mrs. Winnie Mauzey

(b) Address 821 Mills Indep. Mo. RR#4

17. (a) burial (b) Date thereof 4/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Cato & Speaks

(b) Address 300 S. Grand

19. (a) Apr. 17-1942 (b) James W. Cross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1942 hour Pr. 35 minute A.M.

21. I hereby certify that I attended the deceased from Apr. 2nd
1942, 19____ to _____, 19____

that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 5 days

Due to Coronary Arteriosclerosis year _____

Due to _____ year _____

Other conditions Bronchial Asthma year _____
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) no

(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)

23. Signature Chas. Grabske (M. D. or other) 0

Address _____ Date signed _____

1163

JUN 18 1933

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 me
....., Registered Apprentice No.
.....
working under my personal supervision.

Signed:

Volney Davis
.....
Licensed Embalmer No. 3604
.....

P. O. Address Independence, 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.