No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22115

Registration District No. JUL 25 1942 750

Primary Registration District No. 6246

Registrar's No. 1820

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

1. PLACE OF DEATH:
(a) County: Ripley County
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 mi west 2 mi south Doniphan
(If not in hospital or institution, write street number or location) Mo.
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Ripley 91
(c) City or town: Rural (If outside city or town limits, write "RURAL") 0
(d) Street No.: 4 mi west 2 mi south Doniphan Mo. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JESS MERRIMAN
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Male 0
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Katie Merriman
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: August (Month) 2. (Day) 1883 (Year)

8. AGE: Years 58 Months 8 Days 13 If less than one day hr. min.

9. Birthplace: Brogaton (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: Orlando Merriman
FATHER 13. Birthplace: Pittsburg (City, town, or county) Penn. (State or foreign country)
MOTHER 14. Maiden name: Nancy Ann Hardisty
MOTHER 15. Birthplace: Brogaton (City, town, or county) Ill. 11 (State or foreign country)
16. (a) Informant: W. M. Merriman
(b) Address: Doniphan Mo. #6
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 17 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olive Cemt.
18. (a) Signature of funeral director: Blacker Mortuary
(b) Address: Doniphan Mo.
19. (a) 4/18/42 (Date received by local registrar) (b) E. R. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1942 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from 3-22- 1942 to 4-14- 1942 that I last saw him alive on 3-22- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration
Due to: Arterial sclerosis and arthritis of spinal
Due to: Calcium
Other conditions (Include pregnancy within 3 months of death): 1
Major findings:
Of operations: 930
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):
(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: J. Edw. Adamson (M. D.)
Address: Doniphan, Mo. Date signed 4-16-42.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 5-42329
Date Filed 7-21-42

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 Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ark

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.