

FILED AUG 1 1942  
Registration District No. 399

Primary Registration District No. 10.02

Registrar's No. 2770

48  
830

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

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: St. Luke's Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. since 7-12-42  
(Specify whether years, months or days) all his life

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. 878 Greenway Terrace,  
(If open give location)

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

If yes, name country. X

3. (a) PRINT FULL NAME Kenneth George Merrill,

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

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th  
year 1942 hour 11:10 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife. X

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

7. Birth date of deceased. July 9 1923  
(Month) (Day) (Year)

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.

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>0</u>	<u>9</u>	hr. min.

Due to Respiratory Paralysis

Due to Severe Spinal Cord Injury

Other conditions. (Include pregnancy within 3 months of death) 1860x

9. Birthplace. Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation. Student,

11. Industry or business. X

MOTHER FATHER { 12. Name. Harold A. Merrill,

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

14. Maiden name. Rachael Ellene Harriott

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

Major findings: Of operations. 1860x 3

Of autopsy. Mrs

16. (a) Informant. Harold A. Merrill,

(b) Address. 819 Greenway Terrace, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 7-20-42  
(Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Washington Cemetery

18. (a) Signature of funeral director. Stine & McClure,

(b) Address. 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-20-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify). July 17 Acc

(b) Date of occurrence. Neuman Hires City Club

(c) Where did injury occur? Public Place (City or town) (County) (State)

(d) Did injury occur for or about home, on farm, in industrial place, in public place? DIVING Acc

While at work? Public Place (Specify type of place) (e) Means of injury. DIVING Acc

23. Signature. M. M. Crowe (M. D. or other) 7/18

Address. St. Louis 3 Date signed.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K.C., 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.**