

FILED NOV 19 1942

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4132

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: Research Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 19th of Oct.
(Specify whether years, months or days) 37 years,

In this community 37 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay ²⁴

(c) City or town North Kansas City,
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. R. F. D. #5,
(If rural, give location) ⁰

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

If yes, name country. x

3. (a) PRINT FULL NAME Paul Merritt

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

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th
year 1942 hour 12:50 minute P. M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Emma Merritt

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: October 21 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 19 1942
19... to NOV 4 1942
that I last saw him alive on NOV 4 1942 19...
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71 0 13 hr. min.

Immediate cause of death. Pneumonia Rt Lobar

Due to Prostatic Resection

Due to Iron Worked - Benign

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

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

10. Usual occupation Postman,

11. Industry or business x

12. Name John Merritt,

13. Birthplace Virginia, ¹
(City, town, or county) (State or foreign country)

14. Maiden name Irvin,

15. Birthplace Virginia, ¹
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations. Pneumonia Rt Lung

Of autopsy Sept Pathology Research Hosp

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emma Merritt,

(b) Address North K. C., Mo. R. F. D. #5,

17. (a) Removal (b) Date thereof 11-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lock Springs, Missouri

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

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

19. (a) 11-6-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 0

23. Signature [Signature] (M. D. or other)

Address 1019 Puff Bluff ^{11/6/42}

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

Dr. Hoffman,

*Proffersed
11 4 22
Branch
to keep ~~with~~ ~~original~~*

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

Leon H. Stewart

Licensed Embalmer No. *4177*

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.