No. 2
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X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40843

FILED JAN - 6 1943

Registration District No. 32 — Primary Registration District No. 3021 — Registrar's No.

40 1 2

**1. PLACE OF DEATH**

(a) County: Grundy
(b) City or town: Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Memorial Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 83 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Grundy
(c) City or town: Trenton
(If outside city or town limits, write "RURAL")
(d) Street No.: 308 West 12th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Pegue Merrill

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Cora Merrill

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

7. Birth date of deceased: February (Month) 19 (Day) 1860 (Year)

8. AGE: Years 82 Months 10 Days 3 If less than one day hr. min.

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

10. Usual occupation: Merchant - Retired

11. Industry or business: Clothing Store

MOTHER FATHER

12. Name: James R. Merrill

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

14. Maiden name: Irving

15. Birthplace: Bonville (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs. H. L. Asher
(b) Address: Trenton, Mo.

17. (a) Mount Cemetery Burial (Burial, cremation, or removal) (b) Date thereof: Dec 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Cemetery, Trenton Mo

18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Trenton, Mo.

19. (a) 12-22-42 (Date received local registrar) (b) Nada Hoffman (Registrar's signature)

1202

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 22 year 1942 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from Dec 18, 1942, to Dec 22, 1942, that I last saw alive on Dec 22, 1942, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Organic Disease of the Heart. | 1 yr |
| Due to: | |
| Due to: | |
| Other conditions: Senile Dementia (Include pregnancy within 3 months of death) | 2 yrs |
| Major findings: Of operations: 95c | |
| 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: O. R. Rooks (M. D. or other)
Address: Trenton Mo Date signed: 12/22/42

(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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Raymond A Weems

Licensed Embalmer No. 3424

P. O. Address Trenton, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**