

S. No. 2
4-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14568

State File No.

FILED MAY 13 1943

Registration District No. 757

Primary Registration District No. 3028

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stone Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
(Specify whether
In this community - - -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Stone Memorial Hospital
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - -

3. (a) PRINT FULL NAME Jon Gray 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, Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased April 17 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 7 hr. 31 min.

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

10. Usual occupation None

11. Industry or business None

12. Name Everett Merrill
13. Birthplace Washington County Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Eula Mae Green
15. Birthplace Independence Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Merrill
(b) Address Alba, Missouri

17. (a) Burial (b) Date thereof Apr. 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) April 19 '43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 17 1943 to April 18 1943;
that I last saw him alive on April 18 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Debility

Due to Prematurity

Due to 159

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 2

23. Signature Halbert J. Berry (M. D. or other) P.O.
Address Alba, Mo. Date signed 4/19/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

43-4-396

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..... *Emm. L. Stuebel*

Licensed Embalmer No. *391*

P. O. Address..... *Carthage*

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.