

Registration District No. **310**

Primary Registration District No. **3058**

Registrar's No. **148**

1. PLACE OF DEATH:

(a) County **St. Charles**

(b) City or town **St. Charles**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Joseph Hosp.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days**  
(Specify whether)

In this community **years, months or days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lincoln**

(c) City or town **Troy Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **HIRAM DELBERT MERCKLING**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **22** year **1943** hour **6** minute **45 A.M.**

4. Sex **Male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **March 17 1903**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 17**, 19**43** to **Aug 22**, 19**43** that I last saw him alive on **Aug 21**, 19**43** and that death occurred on the date and hour stated above.

8. AGE: Years **40** Months **5** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Heart failure** Duration **5 days**

Due to **mitral stenosis** **6 yrs.**

9. Birthplace **Worth County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Other conditions **Diaphragmatic hernia left**

Due to **92 lb**

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **David Merckling**

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

14. Maiden name **Ida M Ray**

15. Birthplace **Worth County Missouri**  
(City, town, or county) (State or foreign country)

Major findings: **Diaphragmatic hernia left**

Of operations **Diaphragmatic hernia left**

Of autopsy **mitral stenosis, oldema of brain**

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

16. (a) Informant **Mary Merckling**

(b) Address **Troy Mo.**

17. (a) **Burial** (b) Date thereof **Aug 24 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Alexander Ben**

18. (a) Signature of funeral director **Wayne M. Ray**

(b) Address **Troy Mo.**

19. (a) **Aug 23, 1943** (b) **Carroll E. Paul**  
(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)

(c) Means of injury \_\_\_\_\_

23. Signature **B. L. Neubeiser M. D.**

Address **St. Charles Mo.** Date signed **8/23/43**

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

22  
599

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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.....

*Wayne M. C. Bay*

Licensed Embalmer No. *3586*

P. O. Address.....

*Tray 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.**