. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29610

Registration District No. 366 Primary Registration District No. 6242 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Rural Kingston (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Bliss (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Louis B Merrille

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April (Month) 22 (Day) 1864 (Year)

8. AGE: Years 79 Months 4 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business Farmer

FATHER
12. Name Beton Merrille
13. Birthplace Richwoods (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Susan Bayer
15. Birthplace Richwoods (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Albert Merrille

(b) Address Bliss Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Richwoods Mo

18. (a) Signature of funeral director C L Sparks

(b) Address Potosi Mo

19. (a) 9-2-1943 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma	
Due to Stomach	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 G F Cresswell (M. D. or other) 9/2/43

Address Potosi Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

SEP 17 1943

RECEIVED

District Health Officer No. 4

District File Number 943-2684

Date Filed 9-8-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.