

ED OCT 8 1943
Registration District No. **316**

Primary Registration District No. **6075**

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

1. PLACE OF DEATH:
 (a) County: **St. Francois**
 (b) City or town: **rural St. Francois Twp**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **59 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Mo** (b) County: **St. Francois**
 (c) City or town: **rural**
(If outside city or town limits, write "RURAL")
 (d) Street No.:
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME **John W. Merritt**
 (b) If veteran, name war:
 (c) Social Security No. **498-10-2364**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **9** day **8** year **43** hour **8** minute **30 P.** M.
 21. I hereby certify that I attended the deceased from **9-12-43** to **9-17-43**
 that I last saw him alive on **9-17-43** and that death occurred on the date and hour stated above.

4. Sex: **m**
 5. Color or race: **W**
 6. (a) Single, widowed, married, divorced: **married**
 (b) Name of husband or wife: **Jesse Lee Eads**
 (c) Age of husband or wife if alive: **52** years
 7. Birth date of deceased: **January 21, 1884**
(Month) (Day) (Year)

Immediate cause of death: **Chorea, secondary**
 Duration: **1**
 Due to: **arteriosclerosis general**
 Due to:
 Other conditions:
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations:
 Of autopsy:

8. AGE: Years **59** Months **7** Days **21**
If less than one day hr. min.
 9. Birthplace: **St. Francois County Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation: **carpenter**

11. Industry or business:
 12. Name: **Quince Merritt**
 13. Birthplace: **Tennessee**
(City, town, or county) (State or foreign country)
 14. Maiden name: **Charlottie Kinale**
 15. Birthplace: **St. Francois, County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. John Merritt**
 (b) Address: **Farmington, Missouri**
 17. (a) **burial** (b) Date thereof: **9/16/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: **Woodlawn St. Franco**
 18. (a) Signature of funeral director: **Cozean County**
 (b) Address: **Farmington, Missouri**
 19. (a) **Sept 15-1943** (b) **Lyndie Burkmaster**
(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? **WPA** (Specify type of place) (e) Means of injury
 23. Signature: **WPA** (M. D. or other) **9-15-43**
 Address: Date signed:

RECEIVED

District Health Officer No. 4
District File Number 1043-276
Date Filed 10-5-43

Feb 10 1944

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.....

..... me, Registered Apprentice No.
working under my personal supervision.

Signed

C. H. Cozart
Licensed Embalmer No. 4084
P. O. Address Farmington, 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.