

Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community as above
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

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

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

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

3. (a) PRINT FULL NAME Ethelbert Merryman,

3. (b) If veteran, name war No 3. (c) Social Security No. 170

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased April 26 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 8 23 — hr. — min.

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

10. Usual occupation Real Estate

MOTHER FATHER

11. Industry or business _____

12. Name William G. Merryman

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

14. Maiden name Elizabeth W. Wellwood

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Bram J. Home
(b) Address Hamilton Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-18-44
(Month) (Day) (Year)
(c) Place: burial or cremation Hamilton, Missouri

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) Jan 19-1944 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th
year 1944 hour 1 minute — A. M.

21. I hereby certify that I attended the deceased from Jan 16 1944 to Jan 15 1944
that I last saw — alive on Jan 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema.
Coronary Heart Disease
Renal insufficiency

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 _____
23. Signature J. P. ... (M.D. or other) —
Address K.C. Mo. Date signed 1/17/44

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

*Rt. Benjamin
Plaza Body*

JAN 31 1951
JAN 31 1951

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 *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *R. C. 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.