

FILED MAY 12 1944

Registration District No. 227

Primary Registration District No. 4446

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Hardin mo. Crockett
(c) Name of hospital or institution:
City Hardin mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 27 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Julia Ann Merrifield
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Merrifield Howard 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased 12-6-1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation House keeper retired

11. Industry or business _____

MOTHER FATHER
12. Name Benjamin T. Campbell
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Thomas
15. Birthplace mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Merrifield

(b) Address Hardin mo

17. (a) Burial (b) Date thereof 4-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin Cemetery

18. (a) Signature of funeral director R. B. Pofford

(b) Address Richway mo

19. (a) 4/28/44 (b) Chas. W. Stepped
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
(c) City or town Hardin mo
(If outside city or town limits, write "RURAL")
(d) Street No. elm. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1944 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 24, 1944 to April 26, 1944
that I last saw her alive on April 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion Duration 2 days
Due to Bronchial Pneumonia 2 days
Due to Arthritis 10 yrs
Other conditions Arterio-Sclerosis 15 yrs
(Include pregnancy within 3 months of death)

Major findings: 118.3
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Mary Ann Brown (M. D. or other) D
Address Hardin, Mo. Date signed 4/27/44

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

RECEIVED
District Health Officer No. 54
District File Number
Date Filed 5-16-44

MAY 9 1944

MAY 17 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *R.R. Boggs*

Licensed Embalmer No. *9576*

P. O. Address *Ridgeway*

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.