

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

17327
Do not use this space.

FILED JUN 14 1944

1. PLACE OF DEATH

(a) County Barry Registration District No. 5038 11
 (b) Township Ash Primary Registration District No. 11 033 Registered No. 37
 (c) City Deligman (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Lewis Merriman
 (a) Residence, No. Deligman Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Adeline Howerton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1856
 7. AGE YEARS 88 MONTHS _____ DAYS 25 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cearney co ark!

FATHER 13. NAME John S Merriman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cearney co ark!

MOTHER 15. MAIDEN NAME Pearl Howerton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cearney co ark!

17. INFORMANT (ADDRESS) Deligman Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____

19. FUNERAL DIRECTOR (ADDRESS) George Burks

20. FILED May 8 1944 Grace Williams Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____ 19____

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1943, to April 28 1944
 I last saw him alive on April 28 1944. Death is said to have occurred on the date stated above, at 11:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Merriman
 Other contributory causes of importance: 107
Acute Nephritis
acute proctitis
 Name of operation followin Bronchopneumonia
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. Chas T. Brown M.D.
 (Address) Deligman Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

90M-7-20-37 I X12004

RECEIVED

Health Officer No. 6;

File Number 644-729

dated JUN 7 2 1944

FEB 18 1945

MAR 29 1945

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)