V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6445

Primary Registration District No. 2000

Registrar's No. 145

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 2229 N. JOHNSON
(If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE

(c) City or town FAIR GROVE.
(If outside city or town limits, write "RURAL.")

(d) Street No. R.F.D. #2
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME EMMA LOUISE MERCER

3. (b) If veteran, name war NONNE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased Feb. (Month) 10, (Day) 1863 (Year)

8. AGE: Years 82 Months 0 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business At Home

FATHER
12. Name Samuel White
13. Birthplace UNK. (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) UNK. (State or foreign country)

16. (a) Informant Myrl L. Mercer
(b) Address 1304 W. Division, Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25, 45 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director G.W. Klingner Co.

(b) Address Springfield, Mo.

19. (a) 2-24-45 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 21 year 1945 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1945 to Feb 21, 1945; that I last saw her alive on Feb 21, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocardial Disease	8-10 yr.
Due to	
Due to 92	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. or other) MD

Address Springfield Mo Date signed 2-23-45

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Slone Jr.

Licensed Embalmer No. 4976

P. O. Address Springfield, 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.