

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED NOV 27 1945

Registration District No. 497 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:
5624 Park
(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 52 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **2**
(If outside city or town limits, write "RURAL")

(d) Street No. 5624 Park **8**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME VINCENT J. MERCIER

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 488-01-735B

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Tascile Mercier

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov 3 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>10</u>	<u>17</u>	hr. _____ min.

9. Birthplace Kansas City Mo **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Supertendent--Stock Yards

11. Industry or business _____

MOTHER FATHER

12. Name Peter Mercier

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

14. Maiden name Mary Herbert

15. Birthplace Martinsburg W Virginia **1**
(City, town or county) (State or foreign country)

16. (a) Informant Mrs Tascile Fuson Mercier

(b) Address 5624 Park Ave-K. C. Mo

17. (a) Burial (b) Date thereof 10/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calyary Cemetery

18. (a) Signature of funeral director Dush...

(b) Address 20 West Linwood

19. (a) 10-22-45 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day Oct
year 1945 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from 1942, 19 _____ to Oct 20, 19 45
that I last saw him alive on Oct 19, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic hypertensive heart disease

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 932

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? _____

While at work? _____

(Specify type of place) _____

(c) Means of injury 0

23. Signature Edwin Cadour... (M. D. or other) _____
Address 242 Ely Blvd Bldg Date signed 10/22/45

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 Charles M. Quirk
Licensed Embalmer No. 3774
P. O. Address K. O. 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.