

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH CONTROL
FILED MAY 16 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17223**

Registration District No. **175**

Primary Registration District No. **5649**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County Laurens

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence 55

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

(d) Street No. Southwest - Pine City
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN S. MERDON

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Aug 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name William Smerdon 4

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

14. Maiden name Emily Pitts

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

16. (a) Informant William Smerdon
(b) Address Pine City, Mo.

17. (a) Buried (b) Date thereof 4 22 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine City Cemetery

18. (a) Signature of funeral director W. J. Whisell

(b) Address Pine City, Mo.

19. (a) 4/23/46 (b) Dr. McNett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1946 hour 9 minute 4 M.

21. I hereby certify that I attended the deceased from Mar 30, 1946 to April 19, 1946 that I last saw him alive on April 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

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 W. J. Whisell (M. D. or other) MD
Address Monett, Mo. Date signed 4-20-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16104

RECEIVED

District Health Officer No. 67

District File Number 546-525

Date Filed MAY 14 1946

JAN 27 1947

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville

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.