

**FILED SEP 11 1946**

**STANDARD CERTIFICATE OF DEATH**

State File No. **27983**

Registration District No. **275**

Primary Registration District No. **4409**

Registrar's No. **4**

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

**1. PLACE OF DEATH:**  
 (a) County Phelps  
 (b) City or town Newburg  
(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 Home  
(Specify whether  
 In this community 50 yrs  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Phelps  
 (c) City or town Newburg  
(If outside city or town limits, write "RURAL.")  
 (d) Street No. 0  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. PRINT FULL NAME** Albert Jackson Merrell  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Aug. day 18  
 year 1946 hour 8 minute 00 A. M.  
 21. I hereby certify that I attended the deceased from Nov 28  
 1924 to June 28 1946  
 that I last saw him alive on June 28 1946  
 and that death occurred on the day and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Christine Merrell 6. (c) Age of husband or wife if alive 36 years  
 7. Birth date of deceased July 9 1875  
(Month) (Day) (Year)

Immediate cause of death:  
Cardiac Insufficiency  
Decompensated Heart  
Rheumatic heart disease  
Senile Debility  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:** Years 71 Months 1 Days 9  
 If less than one day hr. min.  
 9. Birthplace Arkington Mo Mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Librarian

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 95%  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name John Merrell  
 13. Birthplace Randolph N.C.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Abigail Ross  
 15. Birthplace Knip Co. Mo  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Mary Peterson  
 (b) Address Newburg Mo  
 17. (a) Buried (b) Date thereof Nov 20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mill Creek Mo  
 18. (a) Signature of funeral director Richard Cathey  
 (b) Address Newburg Mo  
 19. (a) Aug. 13, 1946 (b) Mrs. Jeanette Harney  
(Date, signed local registrar) (Registrar's signature)

**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) \_\_\_\_\_  
 Means of injury \_\_\_\_\_  
 23. Signature Richard Cathey (M. D. or other) DD  
 Address Newburg, Mo. Date signed Aug 18 1946

**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..... *Lee Johnson* .....  
Licensed Embalmer No. *3392* .....  
P. O. Address *Newburg, Va* .....

**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.**