V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30557

FILED OCT 14 1946

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 303

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 0
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Days (Specify whether years, months or days)
In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Rural Blue Township 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Rt. #3 T.C. Lee Road 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: LEWIS I. MERCER

3. (b) If veteran, name war: ----------

3. (c) Social Security No.: ----------

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Lola E. Mercer

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: August (Month) 13, (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	0	22	hr. min.

9. Birthplace: Taney County, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Retired Carpenter

11. Industry or business:

FATHER
12. Name: William Mercer
13. Birthplace: (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Helphery
15. Birthplace: (City, town, or county) No Data (State or foreign country) 9

16. (a) Informant: Mrs. Lola E. Mercer
(b) Address: Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/7/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cemetery

18. (a) Signature of funeral director: Roland A. Spence
(b) Address: Indy Independence Mo.

19. (a) 9-23-46 (Date received local registrar) (b) James D. Bray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 5, year 1946 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept 3 46, 19..., to Sep 5 1946, that I last saw him alive on Sept 5 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Basolar artery thrombosis	40 hrs
Due to: Hypertension	
Ch. Cardiac hypertrophy.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: yes. C.S.C.

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: 0

23. Signature: George Ellsworth (M. D. or other)
Address: 11037 Wilson Blvd Independence Mo Date signed: 9-6-46

(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 Robert P. Speaks

Licensed Embalmer No. 3604

P. O. Address Indep, 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.