S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32928

State File No.

Registration District No. 47 Primary Registration District No. 5164 Registrar's No. 330

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Farm About 10 Miles Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
E of Fulton Near FaieView Ch. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #1 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Lizzie Mercer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife S. P. Mercer

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

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

8. AGE: Years 73 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Burlington (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Berterman 0
13. Birthplace DK (City, town, or county) DK (State or foreign country) 1

MOTHER
14. Maiden name DK DK
15. Birthplace DK (City, town, or county) DK (State or foreign country) 4

16. (a) Informant Mr Sam P. Mercer
(b) Address Fulton, Mo. R. F. D. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fair View U.B. Ch Cem

18. (a) Signature of funeral director Wallace Funeral Home
(b) Address 7 W 6th St Fulton Mo

19. (a) 10-9-1946 (Date received local registrar) (b) Josie Morsenkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1946 hour 2 minute 30 p. M.

21. I hereby certify that I attended the deceased from May 25, 1942 to Oct 8, 1946, that I last saw her alive on Oct. 7, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Renal Disease	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 A

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 2

23. Signature Lloyd E. Hutchins (M. D. or other) D.O.
Address Fulton, Mo. Date signed 10/9/1946

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-14-46

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.