

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 2 1947

Registration District No. 20

Primary Registration District No. 3028

Registrar's No. 52

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

26

1. PLACE OF DEATH:

(a) County FRANKLIN  
(b) City or town WASHINGTON - MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST FRANCIS HOSPITAL D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONTGOMERY 70  
(c) City or town RHINELAND  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KATHERINE AUGUSTA MERITT

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

4. Sex F. / 5. Color or race White  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife JOSEPH EDGAR MERITT  
6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased AUGUST 20 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 7 2 hr. min.

9. Birthplace MONTGOMERY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name WILHELM ROTHMEYER  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name ANNA WILD  
15. Birthplace GASCONDE COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. MERITT JR - M.D.

(b) Address RHINELAND, MISSOURI

17. (a) BURIAL (b) Date thereof MARCH 16 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MONTGOMERY CITY, MO.

18. (a) Signature of funeral director Walter B. ...

(b) Address \_\_\_\_\_

19. (a) MAR 24 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22  
year 1947 hour 8:50 minute P M.  
21. I hereby certify that I attended the deceased from Feb 15 1947, to March 22 1947  
that I last saw her alive on Mar 22 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pyelonephritis  
Septicemia

Duration  
5 wks  
3 mos

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 133A  
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 \_\_\_\_\_

23. Signature Frank J. ... (M. D. or other) M.D.  
Address 911 W. H. St. Washington, Mo. signed 3-24-47

Date Filed 4-1-47

District File Number

District Health Officer No. 9,

RECEIVED

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.....

*W. B. Baker*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*W. B. Baker*

Licensed Embalmer No. 3375

P. O. Address American Rd

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.