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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13864

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ days (Specify whether years, months or days)
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. 707 Range Line Joplin (If rural, give location) 0
(e) Citizen of foreign country? X no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Martha Virginia Merrell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife John G. Merrell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 12, 1911 (Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Van Buren (City, town, or county) Arkansas (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name William Conarty 1
13. Birthplace Mississippi (City, town, or county) (State or foreign country)
14. Maiden name Frances Lemore 1
15. Birthplace Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant Mr. John G. Merrell
(b) Address 707 Range Line, Joplin, Mo. R#
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Perry, Oklahoma
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 3/25/47 (Date received local registrar) (b) [illegible] (Registrar's signature) 134

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1947 hour 7:30 minute P M.
21. I hereby certify that I attended the deceased from Jan, 19 47 to, 19; that I last saw her alive on Mar 24/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Rheumatic Fever — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 54
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature A. L. Crawford (M. D. or other)
Address Joplin Mo. Date signed 3/27/47

(Licensed Embalmer's Statement on Reverse Side)

47-3-357

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.