

S. No. 2
M-543
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18375
Registrar's No. 46

Registration District No. 278

Primary Registration District No. 3054

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town LOUISIANA
(c) Name of hospital or institution: FEDERAL SPRINGS 0
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County PIKE 82
(c) City or town BOWLING GREEN 1
(d) Street No. 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GARRY ARNOLD MERRIDE
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 8 year 1947 hour 4 minute 0 M.
21. I hereby certify that I attended the deceased from 5/7/47 to 5/7/47
that I last saw him alive on 5/7/47 and that death occurred on the date and hour stated above.

4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced 5 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY 7 1947 (Month) (Day) (Year)

Immediate cause of death: Congenital formation of heart valves
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
0 0 0 15 hr 0 min

9. Birthplace LOUISIANA PIKE Co, MO 0 (City, town, or county) (State or foreign country)

10. Usual occupation NONE
11. Industry or business NONE

MOTHER FATHER
12. Name YEWELL M S BRIDE
13. Birthplace CURRYVILLE PIKE Co, MO 0 (City, town, or county) (State or foreign country)
14. Maiden name VIRGINIA ANK RON
15. Birthplace MIDDLETOWN MONT. Co, MO 0 (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant YEWELL M S BRIDE
(b) Address BOWLING GREEN, MO
17. (a) BURIAL (b) Date thereof 5-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation CURRYVILLE MO.

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?

18. (a) Signature of funeral director J. O. Mudd
(b) Address Bowling Green, MO
19. (a) 5/9/47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

23. Signature J. M. Mathews W. O. 1 (M. D. or other)
Address Bowling Green Mo Date signed

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

82
2
1

RECEIVED
District Health Officer No. 10
District File Number 6-47-945
Date Filed JUN - 3 1947

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 James C. Mudd

Licensed Embalmer No. 41521

P. O. Address Bowling Green, 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.