

FILED AUG 4 1947

State File No.

Registration District No. 274

Primary Registration District No. 6273

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Worth
(b) City or town Rural Wetchall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 months
(Specify whether years, months or days)
In this community

3. (a) PRINT

FULL NAME Merrill Everett Paxson

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased June 19, 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 29 If less than one day hr. min.

9. Birthplace Jackson Co., Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business Webster Fest Paxson

12. Name Webster Fest Paxson

13. Birthplace Elkhart, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Myra Jane Rinehart

15. Birthplace Liverpool, Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Paxson

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof July 20, 1947
(Burial, cremation, or removal)

(c) Place: burial or cremation Kirk Cemetery

18. (a) Signature of funeral director John C. Dwyer

(b) Address Grant City, Mo.

19. (a) July 24, 47 (b) Leta E. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Worth 11/3
(c) City or town Rural
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1947 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 16 to July 18, 1947.
that I last saw him alive on June 16 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Arteriosclerosis

Due to Arteriosclerotic Cardiac
Vascular Disease
Due to Syst.

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
to which

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

23. Signature Frank E. Dawson
Address Grant City Date signed July 24, 47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Arch C Dunfee

Licensed Embalmer No. *3252*

P. O. Address.....

Grant City, 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.