

FILED DEC 29 1947

Registration District No. **175**

Primary Registration District No. **4276**

Registrar's No. **107**

1. PLACE OF DEATH:

(a) County **Jay**
 (b) City or town **Pierce City Mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Main St 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **39 years** (Specify whether years, months or days)
 In this community **39 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **55**
 (b) County **4**
 (c) City or town **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **0**
 (If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **NELLIE IRENE MERRITT**

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

4. Sex **F** / 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **divorced**
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive **16** years (Day) (Year)
 7. Birth date of deceased **Dec 16 1907** (Month) (Day) (Year)

8. AGE: Years **39** Months **11** Days **11**
 If less than one day hr. min.

9. Birthplace **Newton County Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Beautician**

11. Industry or business

MOTHER FATHER
 12. Name **Roy Cowan**
 13. Birthplace **Newton County Mo** (City, town, or county) (State or foreign country)
 14. Maiden name **Nellie Ferguson**
 15. Birthplace **Newton County Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Nellie Cowan**

(b) Address **Pierce City Mo**

17. (a) **Buried** (b) Date thereof **Nov 30 47** (Month) (Day) (Year)

(c) Place: burial or cremation **Pierce City Mo**

18. (a) Signature of funeral director **Walter Gross**

(b) Address **Pierce City Mo**

19. (a) **12-10-47** (b) **Ora Mc Nally** (Registrar's signature) (Date received local registrar) **157**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **27**
 year **1947** hour **7** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Jan 15 1947** to **Nov 27 1947**
 that I last saw her alive on **Nov 27 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Vaginal and rectal hemorrhage** Duration **6 hrs**

Due to **Squamous Cell Carcinoma of pelvis**

Due to **5 E**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Squamous Cell Carcinoma involving all pelvic structures**
 Of operations
 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

23. Signature **F. L. Edwards** (M. D. or other)
 Address **Pierce City Mo** Date signed **Nov 27 1947**

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

5
4
0

RECEIVED

District Health Officer No. 6⁴

District File Number 1247-1328

Date Filed 12-24-47

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.....

Edwin P. Wilka

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin P. Wilka

Licensed Embalmer No. 4131

P. O. Address Quincy City 710

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.