

No. 2
-12-45
-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7614**

FILED MAR 2 1948

6227

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH-

(a) County Wernon

(b) City or town Chesfield township
(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 _____
(Specify whether years, months or days)

In this community 8 yrs.
years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Jane Merchant

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Benie Merchant

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 8, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Crawford Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name James Duggan

13. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Genevra

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

16. (a) Informant Mrs Mathe Beiny

(b) Address Nevada Mo

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 2-21-48
(Month) (Day) (Year)

(c) Place: burial or cremation Benie, Mo.

18. (a) Signature of funeral director Seibinger Funeral Home

(b) Address Nevada, Mo

19. (a) 2-24-1948
(Date received local registrar)

(b) W. E. Graves
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Deman

(c) City or town Nevada
(If outside city or town limits, write "RURAL")

(d) Street No. S. West
(If rural, give location)

(e) Citizen of foreign country? No
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19th
year 48 hour 10 minute 25 M.

21. I hereby certify that I attended the deceased from Feb 12, 1948 to Feb 19, 1948
that I last saw her alive on Feb 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Duration 3 days

Due to _____

Due to _____

Other conditions Advanced Age
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

"Of operations" none

Of autopsy none

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? _____

23. Signature W. E. Graves
(Specify type of place) (e) Means of injury

Address Nevada, Mo Date signed 2/19/48

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

RECEIVED

District Health Officer No. 7,

District File Number 2-48-152

Date Filed 3-1-48

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 Mark Cechinger

Licensed Embalmer No. 2656

P. O. Address Merada 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.