

No. 300  
A-10-47  
5-17-39  
I 3908

FILED MAR 20 1948  
Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 995

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether 5 Yrs. years, months or days)

3: (a) PRINT FULL NAME Bernice Merriman

3: (b) If veteran, name war No

3: (c) Social Security No. 492-28-7203

4. Sex Female 5. Color or race White

6: (a) Single, widowed, married, divorced Married

6: (b) Name of husband or wife Vero Merriman

6: (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: Oct. 12, 1901  
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 20  
If less than one day hr. min.

9. Birthplace Okla.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Ed Garrison

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

14. Maiden name Jesse Burton

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

16: (a) Informant Jim Merriman

(b) Address 4715 East 18th Street

17: (a) Burial (b) Date thereof 3/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18: (a) Signature of funeral director Earp & Sons

(b) Address 4139 East 15th Street

19: (a) 3-3-48 (b) Steldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4715 East 18th Street  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd  
year 1948 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from 6-1-48 to 3-2-48  
that I last saw her alive on 3-1-48  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Due to arteriosclerosis

Due to hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 9/4

Of autopsy

Duration

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?

While at work? (Specify type of place) (a) Means of injury

23. Signature P. G. Patten (M. D. number)

Address 224 Irving Road Date signed 3/2/48

KE. 6 no 8/48

*Deporter  
J. C. [unclear]*

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**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 *John B. [unclear]*  
Licensed Embalmer No. *25532*  
P. O. Address *K.C. 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.**