

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16020
Registrar's No. 435

FILED JUN 14 1948
Registration District No. 28

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
O'Reilly VA Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 109 Days
(Specify whether years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 414 Cherokee Lane
(If rural, give location) Rural

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3: (a) PRINT FULL NAME Edward F. Merritt

3. (b) If veteran, name war World War I

3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Merritt

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 20, 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 3, 19 48, to May 22, 19 48
that I last saw him alive on May 22, 19 48
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 10 Days 2 If less than one day 9 hr. 30 min.

Immediate cause of death Hemorrhage from esophageal varicosities

Due to Cirrhosis of liver, severe

Due to _____

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

10. Usual occupation Salesman

11. Industry or business _____

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

Major findings: Of operations _____

Of autopsy As above

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

MOTHER FATHER {

12. Name Edward D. Merritt

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

14. Maiden name Mary Planner

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

16. (a) Informant O'Reilly Hosp. Records

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof: 5/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5/24/48 (b) W. Handley
(Date received local registrar) (Registrar's signature)

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 P. L. Eisele (M. D. or other) MD
Address P. L. EISELE, MD O'Reilly VAH Date signed 5-22-48

AUG 31 1948

AUG 29 1948

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

Paul J. Potney

Licensed Embalmer No. *2457*

P. O. Address *Bluefield*

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.