

Registration District No. 233

Primary Registration District No. 448.9

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Vanduser
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott / 100
(c) City or town Vanduser / 0
(If outside city or town limits, write "RURAL") / 0
(d) Street No. - / 0
(If rural, give location) / 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME PEYTON ELBRIDGE MERCER

3. (b) If veteran, name war - 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 Dora Elizabeth 6. (c) Age of husband or wife if alive 1858 years
7. Birth date of deceased Oct 1 (Month) (Day) (Year)

8. AGE: 89 Years 5 Months 30 Days If less than one day hr. min.

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

10. Usual occupation retired Farmer

11. Industry or business

12. Name Russell Mercer
13. Birthplace Ga. (City, town, or county) (State or foreign country)
14. Maiden name Mary Tennabloom
15. Birthplace S.C. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Newt Dodson
(b) Address Vanduser Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation Morley Mo

18. (a) Signature of funeral director Welch Funeral Home
(b) Address S. Roston Mo

19. (a) 5/27/48 (Date received local registrar) (b) Mrs. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 31 year 1948 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar 10 1948 to 3/31 1948
that I last saw him alive on 3/23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration 2 yrs

Due to -

Due to -

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

Major findings: Of operations Cap 20 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? -

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

23. Signature J. A. Clin (M. D. or other) -
Address Corran Mo Date signed 4/1/48

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

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 548-671
Date Filed 5-24-48

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Selecton 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.