DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1948

Registration District No. 173

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4276

State File No. 23475 23478

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence 55

(c) City or town Pierce City Mo 7
(If outside city or town limits, write "RURAL")

(d) Street No. Myrtle St 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CLARENCE AURTHER MERRITT

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced 3 divorced

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 26 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	11	4	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name not known
13. Birthplace not known (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) 0 (State or foreign country)

16. (a) Informant Dean Merritt
(b) Address Pierce City Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 7-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery Pierce City Mo

18. (a) Signature of funeral director Wilbur Bros
(b) Address Pierce City Mo

19. (a) 7-2-48 (Date received local registrar) (b) Dora McNatt (Registrar's signature) 157

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 30
year 1948 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 3, 1947, to June 30, 1948
that I last saw him alive on June 27, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis.	2 mo
Due to Cerebral Arteriosclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83 B

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature F. L. Edwards (M. D. or other) MD

Address Pierce City, Mo. Date signed July 2, 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 148-227
Date Filed JUL 15 1945

AUG 11 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~~ Edwin P. Wilks, Registered Apprentice No. ..... working under my personal supervision.

Signed Edwin P. Wilks

Licensed Embalmer No. H131

P. O. Address Purce City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.