

FILED JUL 26 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 76 days
 In this community 6 months
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE MARIE MERRY

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Benjamin F. Merry alive _____ years
 7. Birth date of deceased May 14 1894
 (Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 1 If less than one day hr. _____ min.

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

10. Usual occupation Nurse

11. Industry or business _____

MOTHER FATHER
 { 12. Name J. E. Bailey 4
 { 13. Birthplace Unknown 7
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Gene Merry(b) Address 1800 S. Warren Sedalia Mo.17. (a) Burial (b) Date thereof 7-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park18. (a) Signature of funeral director M. Laughlin Bros(b) Address Sedalia Mo.19. (a) 7-17-48 (b) Betty Yeagers
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 8/0
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1800 S. Warren
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th, 1948
 year _____ hour 6.25 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 1st, 1948, to July 15th, 1948,
 that I last saw her alive on July 14th, 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Pulmonary Hemorrhage from Metastases
into the lungs. ?
 Due to Carcinoma of the Left Breast. 3 yrs.

Due to _____
 Other conditions None.
 (Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
 Of operations None. Underline the cause to which death should be charged statistically.
 Of autopsy None.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.
 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 Car
 23. Signature Jno. B. Carlisle, M.D. (M. D. or other) Jno. B. Carlisle, M.D.
 Address Sedalia Mo. Date signed 7-15-48

This lady ^{was} ~~is~~ a Christian Scientist. Three years ago she noted for the first time a lump the left breast. Soon there were three lumps in the left breast. Despite the fact that she been a practical nurse and should have known and consulted a physician she thought that lumps would go away. I saw her first on May 1st, 1948. She was then admitted to the hospital. The growths were so extensive in the breast and there were definite signs of general metastasis that nothing except palliative treatment could be given. She finally consented to taking -s. At first Codein and finally Dilaudid. She died from Pulmonary Hemorrhage from the in into the lungs.

Jno. B. Carlisle, M.D.

July 15th, 1948.

Jno. B. Carlisle M.D.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-13-48

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.....

K. P. M. Cary

Licensed Embalmer No. 3153

P. O. Address.....

Sedalia, Mo.

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

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