S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26792

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 227 N. Conner (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME D. "Dan" B. Merchant
3. (b) If veteran, name war None
3. (c) Social Security No. unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. D. B. Merchant
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased August (Month) 5 (Day) 1879 (Year)

8. AGE: Years 69 Months 0 Days 14 If less than one day hr. min.
9. Birthplace Rockport (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Contractor ([redacted])
11. Industry or business Construction work.
FATHER
12. Name C. A. Merchant
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Flora Runyon
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. D. B. Merchant
(b) Address 227 N. Conner, Joplin, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bonner Springs, Kans.
18. (a) Signature of funeral director Hurlbut-Glover Mort.
(b) Address P.O. box 114, Joplin, Mo.
19. (a) 8-20-48 (Date received local registrar) (b) Edw Jasper (Registrar's signature) See Dolores Lamphenson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1948 hour 11:50 minute P M.
21. I hereby certify that I attended the deceased from August 18, 1948, to August 19, 1948; that I last saw him alive on August 19, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	28 hrs.
Due to: Coronary insufficiency and diabetes mellitus	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. W. Scorse (M. D. or other) M.D.
Address 308 Frisco Bldg, Joplin Date signed 8-20-48

Jefferson City Printing Co. 130 (Licensed Embalmer's Statement on Reverse Side)

48-8-726

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 Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.