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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 30 1948

Registration District No. 217

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4328

State File No. 30433

Registrar's No. 86

67
0
0

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67

(c) City or town Bertrand (If outside city or town limits, write "RURAL") 0

(d) Street No. None (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Benjamin Lee Mercer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased October (Month) 18, (Day) 1937 (Year)

8. AGE: Years 10 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business None

FATHER
12. Name Lawrence Wesley Mercer, Dec'd.
13. Birthplace Perry Co., (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Dorothy Sligar
15. Birthplace Bertrand, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs. Dorothy Mercer

(b) Address Bertrand, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove - Charleston, Mo.

18. (a) Signature of funeral director Edward E. Nunnelee

(b) Address Charleston, Missouri.

19. (a) 9-25-48 (Date received local registrar) Mrs. John Bondurant (Registrar's signature) 101

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month September day 21st year 1948 hour 6:00 minute PM.

21. I hereby certify that I attended the deceased from Attended As Coroner 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Skull

Due to

Due to Being run over by loaded truck, with dual wheel

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

Duration

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) Accident 67

(b) Date of occurrence 9-21-1948

(c) Where did injury occur? Bertrand (City or town) Miss (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)

While at work? (e) Means of injury 3

23. Signature John F. Nunnelee Coroner (M. D. or other)

Address Charleston Mo Date signed 9-21-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 948-1237
Date Filed 9-28-48

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 Joe R. Munnelee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.