

National Office of Vital Statistics

FILED OCT 18 1948

Registration District No. 738Primary Registration District No. 3022Registrar's No. 77

1. PLACE OF DEATH:

(a) County Harrison
 (b) City or town Bethany
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Reid
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 Mo.
 (Specify whether
 In this community 43 yrs.
 years, months or days)

3. (a) PRINT FULL NAME Florence M. Merrihew

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

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced 3 divorced
 6. (b) Name of husband or wife Bert 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased May 2 1905
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>3</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Stenographer

11. Industry or business Court

12. Name Myron Moulton

13. Birthplace Bethany, Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Highbaugh

15. Birthplace Harrison County, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Myron Moulton
 (b) Address Bethany, Mo.

17. (a) Burial (b) Date thereof 8-28-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam, Bethany

18. (a) Signature of funeral director [Signature]

(b) Address Bethany, Mo.

19. (a) 10/2/48 (b) Zola Burrier
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
 (c) City or town Bethany
 (If outside city or town limits, write "RURAL")
 (d) Street No. North 22nd St.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
 year 1948 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from August 1947
 to Aug 26 1948
 that I last saw him alive on Aug 26 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Duration _____

Carcinoma of pt lung
Carcinoma of breast

Due to _____

Due to _____

Due to _____

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

Major findings: _____

Of operations SD

Of autopsy _____

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 _____ Means injury _____

23. Signature [Signature] (M. D. or other)

Address Bethany, Mo Date signed 9/3/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

DISBURSED
Cameron, Mo.

APR 1 1931

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 M. B. Haas
M. B. Haas.
Licensed Embalmer No. 3899
P. O. Address Bethany, 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.