S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35812

FILED DEC 15 1948

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 343

1. PLACE OF DEATH:

(a) County Callaway County.

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

(c) Name of hospital or institution:
State Hospital No. 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

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

(d) Street No. Route #2 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Nevada Merriott

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Chas. G. Merriott

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November (Month) 27 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	-	4	hr. min.

9. Birthplace Morgan County Mo., (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Tom Thompson 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jean Caldwell
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Chas. G. Merriott

(b) Address Versailles, Missouri

17. (a) Burial 12-5-48 (Burial, cremation, or removal) (b) Date thereof 12-5-48 (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director W. F. Kidwell

(b) Address Versailles MO

19. (a) 12-4-1948 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature) 3 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd year 1948 hour 2 minute 10 pM.

21. I hereby certify that I attended the deceased from Nov. 25, 1948 to Dec. 2, 1948; that I last saw her alive on Dec. 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Arteriosclerosis (cerebral) general	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93D

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature M J Miller (M. D. or other)

Address Fulton, Mo Date signed 12-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed DEC 14 1948

OCT 1949

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 W. T. Kidwell

Licensed Embalmer No. 1596

P. O. Address Versailles 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.