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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36744

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4390

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 2714 Park ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2714 Park Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Austin Raymond Merry, Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. 719-10-9498

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Margaret Morton

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov. (Month) 4 (Day) 1900 (Year)

8. AGE: Years 47 Months 11 Days 22 If less than one day br. min.

9. Birthplace Jackson (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Dinning Car Waiter

11. Industry or business

FATHER
12. Name Austin Raymond Merry
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Bessie L. Miller
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Margaret Merry
(b) Address 2714 Park Ave

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

(c) Place: burial or cremation Jackson Tennessee

18. (a) Signature of funeral director Fannie P. Meek
(b) Address 1708 E. 18th St. K.C. Mo.

19. (a) 10-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~November~~ October 26 day ~~28~~
year 1948 hour 3:55 minute P M.

21. I hereby certify that I attended the deceased from November 28, 1948, to Oct. 26, 1948, that I last saw him alive on Oct. 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (1) Cirrhosis of the Liver (Portal)	18 Wks
Due to (2) Strangulated Umbilical Hernia	10 days postop.
Due to (3)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations See above	
Of autopsy 1220	

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? Royall B. Fleming (Specify type of place)

While at work? (e) Means of injury

23. Signature Royall B. Fleming M.D. (M. D. or other)

Address 1433 E. 19th St. Date signed 10/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1958

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 Maynard C. Williams Registered Apprentice No. 15 working under my personal supervision.

Signed Fannie T. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City 8, M

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.