

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37071

FILED DEC 1 1948  
Registration District No. 1-1-1

Primary Registration District No. 3028

Registrar's No. 269

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

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1004 Prospect St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 23 months years, months or days

3. (a) PRINT FULL NAME JOHN HOWARD MERRICK  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Effie E. Merrick  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased October 29 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation retired grocer

11. Industry or business at home

MOTHER FATHER {  
12. Name Joseph M. Merrick  
13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Cassella Choate  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. H. Merrick

(b) Address 1004 Prospect St, Carthage, Mo

17. (a) burial (b) Date thereof Nov. 25, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goss Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 11/24/48 (b) L. S. Clement  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1004 Prospect 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 November Day 23  
Year 1948 hour 8 minute 45 a.m.

21. I hereby certify that I attended the deceased from Feb 11 1946 to Nov 23 1948.  
that I last saw him alive on Nov 23 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Encephalomalacia 5 yrs  
Due to Diabetes Mellitus 5 yrs  
Due to Hypertension 5 yrs  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none!

Duration  
5 yrs  
5 yrs  
5 yrs  
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?  
While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature George H. Wood (M. D. or other)  
Address Carthage, Mo Date signed 11-23-48

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**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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

**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.**