

300  
-47  
-39  
3906

FILED JAN 15 1949

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
2513 Indiana Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 1 week  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry <sup>42</sup>

(c) City or town Windsor City <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) <sup>1</sup>

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lou M. MERRIOTT

3. (b) If veteran, name war no

3. (c) Social Security No. 500-10-5995

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24  
year 48 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from 12-20, 1948 to 12-24, 1948.

that I last saw him alive on 12-24 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Minnie Jane Merriott 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 6, 1880  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 4 days

Due to Myocardial Infarction with Myocardial Separation 4 Days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Retired Coal Miner

11. Industry or business \_\_\_\_\_

12. Name Thomas Merriott

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

14. Maiden name Abbie Friedley

15. Birthplace Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Valma Douglas

(b) Address 2513 Indiana Ave., K. C., Mo.

17. (a) Burial (b) Date thereof 12-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 12-27-48 (b) Seraldine Adams  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

Wm. W. Thompson (Specify type of place) <sup>2</sup>  
While at work? \_\_\_\_\_ (Type of means of injury)

23. Signature Wm. W. Thompson (M. D. or other) <sup>10</sup>  
Address 3500 E 27th St. Mo. Date signed 12-24-48

---

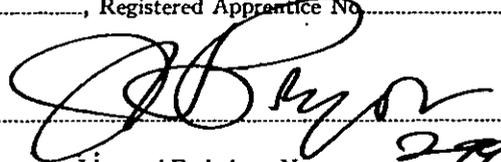
---

**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.....



Licensed Embalmer No..... 299  
P. O. Address..... CC

**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.**