

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

FILED JAN 7 1949

Registration District No. **1949**

Primary Registration District No. **4280**

Registrar's No. **1**

1. PLACE OF DEATH:
(a) County **Lawrence**
(b) City or town **Stotts City Vineyard**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
In this community **Native** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Lawrence**
(c) City or town **Stotts City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? **None** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Larkin A. Merrick**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **1** day **2**
year **1949** hour **2** minute **30 A.M.**

4. Sex **Male** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **1** years
7. Birth date of deceased: **5 - 12 - 1859**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12 - 25 - 1948** to **1 - 2 - 1949**
that I last saw him alive on **1 - 1 - 1949**
and that death occurred on the date and hour stated above.

8. AGE: Years **89** Months **7** Days **20** hr. min.

Immediate cause of death **Muscular Stenosis**
Due to **H/O**
Due to
Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **Dodge Co. Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Farmer**

11. Industry or business
12. Name **Molten D. Merrick**
13. Birthplace **Tenn.**
14. Maiden name **Casanka**
15. Birthplace **UNKHORN**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emmett Merrick**
(b) Address **Miller Mo.**
17. (a) Burial **(b) Date thereof** **1 - 5 - 1949**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Pennsburg**

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) (e) Means of injury **0**

18. (a) Signature of funeral director **Morris Luman**
(b) Address **Miller Mo.**
19. (a) 1 - 1 - 49 **(b) W. S. Boring**
(Date received local registrar) (Registrar's signature)

23. Signature **W. S. Boring** (M. D. or other)
Address **Miller Mo** **Date signed** **1-3-49**

RECEIVED

District Health Officer No. 6,

District File Number 149-22

Date Filed 1-5-49

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.....

Paul V. Gentry

Registered Apprentice No. 236

working under my personal supervision.

Signed *J. R. Lemian*

Licensed Embalmer No. 3297

P. O. Address *Miller Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.