

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12856**

FILED APR 25 1949

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BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY JCHEROKEE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbus	
c. LENGTH OF STAY (in this place) 0		d. STREET ADDRESS (If rural, give location) 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ALMIRA b. (Middle) HALL c. (Last) HALL			4. DATE OF DEATH (Month) (Day) (Year) 4 9 49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Housewife	8. DATE OF BIRTH Sept. 16, 1871	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 6 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cherokee Co., Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Walter Merrick	13b. MOTHER'S MAIDEN NAME Lucinda Rice	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME John Ruhlend ADDRESS Columbus, Kans.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH sev. mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma of the hepatic flexure sev. mo.		DUE TO (b) _____		
		DUE TO (c) _____		

19a. DATE OF OPERATION 4-6-59	19b. MAJOR FINDINGS OF OPERATION Carcinoma of the colon	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1949, to 4-9, 1949, that I last saw the deceased alive on 4-9, 1949, and that death occurred at 11:15 Am., from the causes and on the date stated above.

23a. SIGNATURE Eds James (Degree or title)	23b. ADDRESS 410 Jackson, Joplin, Mo.	23c. DATE SIGNED 4-11-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-11-49	24c. NAME OF CEMETERY OR CREMATORY Columbus Cemetery
		24d. LOCATION (City, town, or county) (State) Columbus Kans.

DATE REC'D BY LOCAL RES. 4-13-49	REGISTRAR'S SIGNATURE Eds James	25. FUNERAL DIRECTOR'S SIGNATURE Ruhlend Funeral Home ADDRESS Columbus, Kans.
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1945

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Steve Parks*

Licensed Embalmer No. *2548*

P. O. Address *Goplin*

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.