

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8674

State File No. ....

FILED MAR 17 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 784

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>		d. STREET ADDRESS (If rural, give location) <b>1814 Brooklyn Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALFRED</b> b. (Middle) c. (Last) <b>MERRITT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 14 1951</b>		
5. SEX <b>MALE 2</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>AUGUST 5 1885</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>NASHVILLE, TENNESSEE 1</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.a.</b>					

13a. FATHER'S NAME <b>CHARLEY MERRITT</b>	13b. MOTHER'S MAIDEN NAME <b>DELIA <u>unc</u></b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>SAMMIE RUCKETT</b>	ADDRESS <b>1407 Park Avenue</b>
---	--	--	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>TERMINAL BRONCHO PNEIMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CEREBRAL VASCULAR ACCIDENT</b>		DUE TO (c) <b>PROBABLY ARTERIOSCLEROTIC &amp; HYPERTENSIVE VASCULAR DISEASE</b>		<b>331X</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min)	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 2-13, 1951 to 2-14, 1951, that I last saw the deceased alive on 2-14, 1951, and that death occurred at 6:00P m., from the causes and on the date stated above.

23a. SIGNATURE OF <b>Frank Ellis MD</b> (Degree or title)	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>2-16-51</b>
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/24/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>West Lawn Cem</b>	24d. LOCATION (City, town, or county) (State) <b>R. C. K.</b>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <b>2-20-51</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Brigham Jones</b>	ADDRESS <b>2300 E. 18<sup>th</sup></b>
--	---	--	---

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Lawrence A. Jones*  
.....  
Licensed Embalmer No. *4429*

P. O. Address *2300 East 7th*

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.