

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson 1
(b) City or town 17c mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 17c Gen Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Harrison City
(If outside city or town limits, write "RURAL")
(d) Street No. 3705 Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Herman Mertz

3. (b) If veteran, name war World War Vet. 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 12 - 1896
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>42</u>	<u>8</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation W & A 0

11. Industry or business _____

12. Name Chas Mertz 6

13. Birthplace Germany 0
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Mertz

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

16. (a) Informant's own signature Record Clerk

(b) Address 17c Gen Hosp

17. (a) Burial (b) Date thereof Aug 17 '39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation part of Mary's

18. (a) Signature of funeral director L. H. Blackman

(b) Address 17c - mo

19. (a) 11/35 (b) M. M. Grows
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1939 hour 8 1/2 minute _____ M.

21. I hereby certify that I attended the deceased from July 13 - 1939 to Aug 9 - 1939;
that I last saw him alive on Aug - 9 - 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Brunchietoma Duratton
with Brunchietoma
abuses
Due to _____
Due to _____

Other conditions Metastatic ab-
(Include pregnancy within 3 months of death)

Major findings: Masses in Brain & Liver PHYSICIAN
Of operations _____

Of autopsy See above

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? 1 (Specify type of place) (e) Means of injury _____

23. Signature P. J. De Munnaco (M. D. or other)

Address Dept 17c Gen Hosp Date signed _____

Underline the cause to which death should be charged statistically

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 H. D. Blackman

Licensed Embalmer No. 3639

P. O. Address R. C. Mo

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, above space should be left blank.