

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

REV. 6-17-39 I 11931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
 BOARD OF HEALTH  
 APR 22 1940

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

10807

State File No. \_\_\_\_\_

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

Primary Registration District No. 2346

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Daviess  
 (b) City or town Salmon, Mo.  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (d) Length of stay: 34 years in hospital or institution (Specify whether  
 In this community 34 years years, months or days)

3. (a) PRINT FULL NAME Peter Merritt

3. (b) If veteran, name war Civil 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Emily Elber Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased I 31 1845 (Month) (Day) (Year)

8. AGE: Years 95 Months I Days I3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

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

12. Name John Merritt

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

14. Maiden name Tina Pittlebanger

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

16. (a) Informant's own signature P. D. Merritt

(b) Address State Hospital, Box 1163

17. (a) Burial (b) Date thereof 23 April 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director A. Schomer

(b) Address Pattonsburn, Mo. 2216

19. (a) March 1940 (b) Mrs. H. Cunningham (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess  
 (c) City or town Rural (If outside city or town limits, write "RURAL")  
 (d) Street No. 0 I Mile west of Coffey, Mo. (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 40 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1932, to 3-12, 1940  
 that I last saw him alive on 3-12, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility with Duration \_\_\_\_\_  
Toxemia from basal 2 yrs  
& bladder

Due to \_\_\_\_\_  
 Due to 137

Other conditions Enlarged Prostate  
 (Include pregnancy within 3 months of death)

Major findings: chronic cystitis  
 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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. Baumgardner (M. D. or other) RD  
 Address Coffey, Mo. Date signed 4/14/40

RECEIVED

District Health Officer No. 11  
District File Number 440-476  
Date Filed APR 9 1940

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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.....

*G. S. Gromer*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.