

No. 2
1-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42339**

FILED JAN 13 1941

Registration District No. **251**

Primary Registration District No. **5350**

Registrar's No. **18**

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

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town "RURAL" Grand River Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1/2 Mile S.W. Jameson, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Life
years, months or days)

3. (a) PRINT FULL NAME Julias Edward Merrifield
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased November 20, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Merrifield
 18. Birthplace Farmer City Illinois
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mauida Gragg
 15. Birthplace Noble County Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Jas. Merrifield
 (b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 1-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Grand River Cemetary

18. (a) Signature of funeral director Hope Turn, Thul. Co.
 (b) Address Gallatin, Mo.

19. (a) 12-31-40 (b) Ava Pugh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Daviess
 (c) City or town "Rural" Grand River Twp.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1/2 Mile S.W. Jameson, Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
 year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 29
Dec 29, 1940, to Dec 29, 1940
 that I last saw him alive on Dec 29, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Influenza Pneumonia

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) HN

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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?
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(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other)
 Address [Address] Date signed 1/1/41

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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Hallatree, 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.