S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6734

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

40 1 2

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton C.T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Memorial Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy 40
(c) City or town: Trenton 1c
(If outside city or town limits, write "RURAL")
(d) Street No.: 308 West 12th 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: —

3. (a) PRINT FULL NAME: Cora E. Merrill
3. (b) If veteran, name war: —
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John R. Merrill
6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: April (Month) 26 (Day), 1860 (Year)

8. AGE: Years 81 | Months 9 | Days | If less than one day hr. min.

9. Birthplace: Lexington (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Solomon S. Steward
13. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Olive B. Hyde
15. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: H. L. Fisher
(b) Address: Trenton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Cemetery
18. (a) Signature of funeral director: Davis Funeral Parlors
(b) Address: Trenton Mo.
19. (a) 2/11/42 (Date received local registrar) (b) Nada W. Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th year 1942 hour 12:40 minute A.M.
21. I hereby certify that I attended the deceased from 1:30 PM Feb 9, 1942 to 12:40 AM 2-10, 1942 that I last saw her alive on 2-9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Coma — Duration: 36 hours
Due to: Diabetes Mellitus
Due to:
Other conditions: 81 years. (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: O. R. Rook (M. D. or other)
Address: Trenton Mo Date signed 2/10/42

(Licensed Embalmer's Statement on Reverse Side)

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 Myself Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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, fact should be so stated above.