

No. 2  
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5-17-39  
X32873

39858

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

REC'D DEC 28 1942  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4683

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5919 LOCUST STREET  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community 57 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 5919 LOCUST STREET  
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country ENGLAND

3. (a) PRINT FULL NAME MRS. HELEN SARAH MERRELL

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 13  
year 1942 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from.....  
..... to....., 19.....  
that I last saw him Deputy Coroner  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. FRANCIS L. MERRILL

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

7. Birth date of deceased SEPTEMBER 21 1863  
(Month) (Day) (Year)

Immediate cause of death.....  
Coronary Atherosclerosis with myocardial infarction

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>2</u>	<u>22</u>	hr. .... min.

Duration.....

Physician.....

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

10. Usual occupation AT HOME

11. Industry or business.....

Major findings:  
Of operations.....

Of autopsy See above

MOTHER FATHER

12. Name WILLIAM SPARK WARNERY

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

14. Maiden name SARAH ALLEN

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

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?.....

16. (a) Informant Indefat Pipes

(b) Address 5919 Locust

17. (a) BURIAL (b) Date thereof DEC 15, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON CEM.

While at work..... (Specify type of place) Means of injury.....

23. Signature H. J. Warner M.D. (M. D. or other)  
Address 2312 Mc Coy Date signed 12/14/42

18. (a) Signature of funeral director H. J. Warner

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-15-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *H. C. Newcomer Jr.*  
Licensed Embalmer No. 4043  
P.O. Address *H. 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, fact should be so stated above.**