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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED MAY 5 1944

Primary Registration District No. 1602

Registrar's No. 1827

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:  
1025 Harrison  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community About 40 years 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. 1025 Harrison  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bush Merritt

3. (b) If veteran, name war no.

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Lizzie Merritt

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

7. Birth date of deceased: Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 90 hr. min.

9. Birthplace Akin Co. S. Car.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired-Armour Packing Co.

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

MOTHER FATHER { 12. Name Isaac Merritt

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

14. Maiden name Mattie Hartley

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

16. (a) Informant Mrs. Mattie Porter

(b) Address 4727 Baum Blvd., Pittsburg, Pa

17. (a) Burial (b) Date thereof 4-22-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director A. Sterling Billa

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 4-26-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 18 year 1944 hour 10:16 minute a. M.

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

Immediate cause of death Cancer of the Breast

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

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

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings: 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature A. P. Richardson (M. D. or other) \_\_\_\_\_  
Address 1832 Vine Date signed 4-20-44

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

*[Faint handwritten notes, possibly bleed-through from the reverse side of the page]*

**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

*[Handwritten signature: E. Sterling Bells]*

Licensed Embalmer No. *3178*

P. O. Address *112 [unclear]*

**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.