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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33640

Registration District No. 96 Primary Registration District No. 6-2-905347 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Dallas

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

(c) Name of hospital or institution Benton Mey (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Buffalo rural (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM MERRIMAN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

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 April (Month) 6 (Day) 1875 (Year)

8. AGE: Years 70 Months 5 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Terry Haute Ind (City, town, or county) (State or foreign country)

10. Usual occupation Employee of

11. Industry or business Power Co.

FATHER
12. Name Thomas Merriman
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah McClanahan
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Glessie Tucker

(b) Address Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-45 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director L B Jones

(b) Address Buffalo Mo

19. (a) 10-30-45 (Date received local registrar) (b) Grace Petrie (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 28 year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from ~~Sept~~ July 10 1945 to Sept 28 1945 that I last saw him alive on Sept 26 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Prostate gland	1 yr
Due to	
Due to	
Other conditions Uremia (Include pregnancy within 3 months of death)	2 wks

Major findings: Of operations Carcinoma

Of autopsy None

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 G. C. Thummer (M. D. or other) MD

Address Buffalo Mo Date signed 10-2-45

10-3-45 1440 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.