

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22

10.5m
41737

Registrar's No. 1

Registration District No. 298

Primary Registration District No. 6024

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Vibbard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vibbard, Mo.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 30 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Vibbard
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME CHARLES E. MERRILL

3. (b) If veteran, name war no 3. (c) Social Security No. no.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Germinie N. Merrill 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased June 7th 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Palma Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business same as occupation

MOTHER FATHER
12. Name unknown
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph W. Hall

(b) Address 40502 Baltimore, K.C. MO

17. (a) Burial (b) Date thereof Nov. 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vibbard, Mo, Croyley Cemetery

18. (a) Signature of funeral director Virgil Pope

(b) Address Excelsior Springs, Mo.

19. (a) Nov. 20, 1946 (b) Wm. Raymond Howe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1946 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 20, 1946 to Nov. 27, 1946
that I last saw him alive on Nov. 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion 2 hrs.
Due to Coronary Artery Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Q/A
Of autopsy

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) (e) Means of injury

23. Signature John D. Buelow M.D. (M. D. or other)
Address Jackson Mo. Date signed Nov. 27, 1946

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

40549

364

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-31-46

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.....

Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address. *Excelsior Springs, 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.