S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

24532

State File No.

FILED JUL 18, 1947

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 155

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1018 Clinton St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1018 Clinton St. 3
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank M. MERCER
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 Flora B. Cavenee
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April (Month) 21 (Day) 1870 (Year)

8. AGE: Years 77 Months 2 Days 19 If less than one day ... hr. ... min.

9. Birthplace Astoria, (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Ret. Contractor
11. Industry or business
FATHER
12. Name M. Mercer
13. Birthplace Unknown (City, town, or county) Ohio. (State or foreign country)
MOTHER
14. Maiden name Elizabeth Hamer
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Flora Mercer
(b) Address 1018 Clinton Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 13 (Day) 47 (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 7-12-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th. year 1947 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to July 10, 1947; that I last saw him alive on July 10, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary heart disease -	2-3 years
Due to: Arteriosclerotic heart disease	?
Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Charles H. Isbell (M. D. or other) M.D.
Address 347 S. Main, Carthage, Mo. Date signed July 12, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-7-584

AUG 7 1947

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.