

FILED DEC 17 1947

Registration District No. 181

Primary Registration District No. 5469

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69-10-0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy

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

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

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

3. (a) PRINT FULL NAME John Arthur Merrill

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1947 hour 10 minute 30 p.m.

21. I hereby certify that I attended the deceased from about
2 months before
that I last saw him alive on Nov. 24, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Merrill 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Feb - 2 - 1878
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis
Chronic Interstitial nephritis

Duration 1 yrs
1 yrs

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

69 10 0 hr. min.

9. Birthplace Grundy Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to _____

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

Major findings: Of operations 13/17

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name James Merrill

13. Birthplace Grundy Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sabulda Newcomb

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

16. (a) Informant Mary Merrill
(b) Address Spickard Mo.

17. (a) Burial (b) Date thereof Dec-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Gary Cem Grundy Co Mo

18. (a) Signature of funeral director Schooler funeral Home
(b) Address Spickard Mo.

19. (a) 12/6/47 (b) Mrs. Nathan Cooper
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury 11

23. Signature E. A. Duffly (M. D. _____)
Address Trouton Mo. Date signed Dec 3-47

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..... *Ross Wise*

Licensed Embalmer No..... *3771*

P. O. Address..... *Spickard 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.