

FILED AUG 12 1948

Registration District No. **69**

Primary Registration District No. **7120**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County **Christian**
(b) City or town **Cleaver**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Christian**
(c) City or town **Cleaver**
(If outside city or town limits, write "RURAL")
(d) Street No. **Cleaver** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Luetishia Ocoq Merritt**

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 **widow**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 11, 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	7	6	hr. _____ min. _____

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

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Lorenzo Ghan** **Tenn**

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

14. Maiden name **Margaret Merritt** **Tenn**

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

16. (a) Informant **Clarence Merritt**

(b) Address **Cleaver, Mo.**

17. (a) **burial** (b) Date thereof **July 20, 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Delaware Chapel**

18. (a) Signature of funeral director **T.W. Maples**

(b) Address **Cleaver, Mo.**

19. (a) **July 20, 1948** (b) **Alline Meyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17th**
year **1948** hour **12** minute **30** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 **Chronic endocarditis**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 **3**

23. Signature **T.W. Maples** **Coroner**
(M.D. or other)

Address **Cleaver, Mo.** Date signed **7-17-48**

COPY TO BE KEPT IN - MAKE A PERMANENT RECORD

MOTHER FATHER

22

RECEIVED
District Health Officer No. 6,
District File Number 848-879
Date Filed AUG-11-1948

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..... *J. W. Maples*
Licensed Embalmer No. *2985*
P. O. Address..... *Clever, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.