

S. No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 4 1948

Registration District No. 8

Primary Registration District No. 3017

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County. COOPER

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

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

(d) Length of stay. In hospital or institution. 3 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. COOPER 27

(c) City or town. SALINE TWP 0
Woolbridge 3
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME. HENRY O. 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. WIDOWED

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive. _____ years
(Day) (Year)

7. Birth date of deceased. 5 30 1892
(Month) (Day) (Year)

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

75 8 20 hr. min.

9. Birthplace. MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation. MEYCHANT

11. Industry or business _____

MOTHER FATHER

12. Name. UNKNOWN 9.

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

14. Maiden name. LOUISA MAYLINDA GANN

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

16. (a) Informant. Norina B. Seelham
(b) Address. Boonville mo 815

17. (a) REMOVAL (b) Date thereof. 2-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. COPPS CHAPPEL

18. (a) Signature of funeral director. C. ROBERT HARNBECK
(b) Address. PRAXIE HOME

19. (a) 2-12-48 (b) DeLooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 10 year 1948 hour 9 00 minute A M.

21. I hereby certify that I attended the deceased from Feb 7, 1948 to Feb 10, 1948; that I last saw him alive on Feb 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia, Bronch 4 days

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations. 107

Of autopsy. _____

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? _____

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

23. Signature. W. E. Adams (M. D. or other) MD
Address. Boonville mo Date signed. 2-10-48

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

3-3-56

FILED MAR 4 1956

COPIED
BOONVILLE

FILED NO. 1234

MAR 29 1956

MAY 2 1956

MADE WHITE

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

working under my personal supervision.

Registered Apprentice No.

Signed:

C. Albert Hornbeck

Licensed Embalmer No.

2714

P. O. Address

Prarie Home 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.