

OHIO DEPARTMENT OF HEALTH

COLUMBUS

Reg. Dist. No. 2954

Primary Reg. Dist. No. _____

CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

State File No. 36840

Registrar's No. _____

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| <p>1. PLACE OF DEATH:</p> <p>(a) County <u>Montgomery</u></p> <p>(b) <u>Dayton</u> <small>(City, Village, Township)</small></p> <p>(c) Name of hospital or institution: <u>V. A. Hospital</u> <small>(If not in hospital or institution, write street No. or location)</small></p> <p>(d) Length of stay: In hospital or institution <u>14</u> <small>(Days)</small></p> <p>In this community _____ <small>(Years, months or days)</small></p> | <p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Ohio</u> (b) County _____</p> <p>(c) City or village <u>Springfield</u> <small>(If outside city of village, write RURAL)</small></p> <p>(d) Street No. <u>244 Oakwood Place</u> <small>(If rural, give location)</small></p> <p>(e) If foreign born, how long in U. S. A.? _____ years.</p> |
| <p>3. NAME <u>MERCER, Harry V.</u></p> <p>(a) If veteran, name war <u>W.W. #1</u></p> <p>(b) Social Security No. <u>302-97-5671</u></p> <p>4. Sex <u>Male</u> race <u>White</u></p> <p>5. Color or <u>White</u></p> <p>6. (a) <u>Married</u> (b) <u>Married</u></p> <p>6. (c) Age of husband or wife if <u>55</u> years</p> <p>7. Birth date of deceased <u>March 10 1889</u> <small>(Month) (Day) (Year)</small></p> <p>8. AGE: Year <u>56</u> Months <u>3</u> Days <u>15</u> If less than one day _____ <small>hr. min.</small></p> <p>9. Birthplace <u>Unknown</u> <u>Ohio</u> <small>(City, town, or county) (State or foreign country)</small></p> <p>10. Usual occupation <u>Grinder</u></p> <p>11. Industry or business _____</p> <p>12. Name <u>Lewis Mercer</u></p> <p>13. Birthplace <u>Unknown</u> <u>Pennsylvania</u> <small>(City, town, or county) (State or foreign country)</small></p> <p>14. Maiden name <u>Lois (Unknown)</u></p> <p>15. Birthplace <u>Unknown</u> <u>Ohio</u> <small>(City, town, or county) (State or foreign country)</small></p> <p>16. (a) Informant's signature <u>F. G. Criswell</u></p> <p>(b) Address <u>V. A. F., Dayton, Ohio</u></p> <p>17. (a) Burial, cremation, or other _____ (b) Date <u>June 28, 1945</u> <small>(Month) (Day) (Year)</small></p> <p>(c) Place <u>Springfield, O.</u></p> <p>(d) <u>Leslie A. Fisher</u> <u>4908-A</u> <small>(Name of Embalmer) (Lic. No.)</small></p> <p>18. (a) <u>H. C. Littleton</u> <u>37</u> <small>(Signature of Funeral Director) (Lic. No.)</small></p> <p>(b) Address <u>Springfield, O.</u></p> <p>19. (a) <u>July 11, 1945</u> (b) <u>F. G. Criswell</u> <small>(Date received local registrar) (Registrar's signature)</small></p> | <p align="center">MEDICAL CERTIFICATION</p> <p>20. Date of death: Month <u>June</u> day <u>25</u> year <u>1945</u> hour <u>4</u> minute <u>40 A.M.</u></p> <p>21. I hereby certify that I attended the deceased from <u>June 11</u>, 19<u>45</u>, to <u>June 25</u>, 19<u>45</u>: that I last saw him alive on <u>June 25</u>, 19<u>45</u>: and that death occurred on the date and hour stated above. Duration <u>3 yrs.</u></p> <p>Immediate cause of death <u>Cirrhosis of liver, portal type.</u></p> <p>Due to _____</p> <p>Due to _____</p> <p>Other conditions <u>---</u> <small>(Include pregnancy within 3 months of death)</small></p> <p>Major findings of operation <u>No operation.</u></p> <p>Major findings of autopsy <u>No autopsy.</u></p> <p>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? _____ <small>(City or Village) (County) (State)</small> (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ <small>(Specify type of place)</small> While at work? _____ (e) How did injury occur? _____</p> <p>23. Signature <u>[Signature]</u> <u>Clia. Dir.</u> <small>(Specify if Doctor of Medicine or Osteopathy)</small> Address <u>V.A.F., Dayton, O.</u> Date signed <u>7/11/45</u></p> |

INFORMATION CONCERNING THE BURIAL OF DECEASED VETERANS

FUNERAL DIRECTORS ARE REQUIRED TO FURNISH THE FOLLOWING ADDITIONAL INFORMATION ON A VETERAN'S CERTIFICATE OF DEATH

Name of deceased MERCER, Harry V.

Date of birth March 10, 1889 Date of death June 25, 1945 Date of burial June 28, 1945

Was deceased honorably discharged? Yes Date May 27, 1919

Rank or grade at discharge Pvt.

Service (as Army, Navy, Marine, Coast Guard, Woman's Army Corps, etc.) U.S. Army

Organization (as Regiment, Battalion, Fleet, Squadron, Command, Wing, Station, Group, etc.) _____

Unit in Organization (as Company, Battery, Ship, Flight, etc.) Art. Batty. F

Branch of service (as Infantry, Coast Artillery, Airborne Engineers, etc.) 322 F.A.

Name of Cemetery Ferncliff

Location of Cemetery
County Clark
Township _____
Village _____
City Springfield, O. 501 W. McCreight Ave.

Name or number of section in cemetery Section H
Number of lot Lot #567
Number of grave -- North 1/2 of Lot

Information relative to a deceased veteran may be secured from the Veteran's Discharge Papers.