

Registration District No. 566

Primary Registration District No. 5762

Registrar's No. 52

1. PLACE OF DEATH:

(a) County, Mississippi  
(b) City or town, Anniston <sup>2</sup>  
(c) Name of hospital or institution: Lyons Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 years (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town Anniston  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Clarence L. Merriweather <sup>636</sup>

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

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced X X

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

7. Birth date of deceased: Feb. 17 1928  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>12</u>	<u>1</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace: Hickman Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation school boy

11. Industry or business X X X

12. Name Pompie Merriweather

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

14. Maiden name Essie Mae Gilbert

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

16. (a) Informant Pompie Merriweather

(b) Address Anniston, Mo.

17. (a) Burial (b) Date thereof 4-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service  
Charleston, Mo.

(b) Address \_\_\_\_\_  
19. (a) 4-4-40 (b) F. J. Vernon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd.  
year 1940 hour 7 minute - P. M.

21. I hereby certify that I attended the deceased from 3-2-1940 to 4-2-1940  
that I last saw him alive on 4-2-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pneumonia  
Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 25  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
745 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature C. J. Singal (M. D. or other) \_\_\_\_\_  
Address 315 Elm St Charleston, Mo. Date signed 4-7-40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**RECEIVED**

District Health Officer No. 2,

District File Number 540-981

Date Filed 5/2/40

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**