

FILED NOV 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35010

State File No. _____

Registration District No. 177

Primary Registration District No. 5694

Registrar's No. 362 138

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Rural-Chillicothe Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles N. W. Chillicothe /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles N. W. Chillicothe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Estella Merriweather

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Walter C. Merriweather 6. (c) Age of husband or wife if alive (D) years
7. Birth date of deceased July 5 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 17 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James Beale
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Elmors
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie Douglas

(b) Address Sampeel, Missouri

17. (a) Burial (b) Date thereof 10-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peoria, Illinois

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Oct-28-47 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st
year 1947 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 21, 1947 to Oct 21, 1947
that I last saw her alive on Oct 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 minutes

Due to _____

Due to _____

Other conditions Arteriosclerosis 5 yrs.
(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:

(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 G. W. Carpenter (M. D. or other) _____
Address Chillicothe, Mo. Date signed 10/21/47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.