. No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1947

Registration District No. 197

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5674

State File No. 35011

Registrar's No. 139

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 years, months or days)
In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston 54

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 3 miles N.W. Chillicothe 0
(If rural, give location)

(e) Citizen of foreign country?: No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Walter L. Merriweather

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: Married

6. (b) Name of husband or wife: Mary E. Merriweather

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: July (Month) 19 (Day) 1877 (Year)

8. AGE: Years 70 | Months 3 | Days 2 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Retired Railroader

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Carrie Doughlas
(b) Address: Sampsel, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-24-47 (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) 10-22-47 (Date received local registrar) (b) Francis B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st year 1947 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from after death ..... 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: Coronary thrombosis — Duration

Due to:

Due to:

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

Major findings: Of operations: 94

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): No

(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? (Specify type of place)

While at work? (e) Means of injury: 3

23. Signature: Lee Mack Livingston County Coroner (M.D. or other)

Address: Chillicothe, Mo. Date signed: Oct 21, 1947

(Licensed Embalmer's Statement on Reverse Side)

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 F. 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.