

MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6094
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township St. Joseph, Primary Registration District No. 1001
 (c) City St. Joseph, (d) Street No. 2508 So. 4th. St. Registered No. 169
 (e) Length of residence in city or town where death occurred yrs. mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Millard Smith Livingston 152
 (a) Residence, No. Wathena, Kansas St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 3, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 9 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Feb, 1938 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co., Mo.

FATHER 13. NAME Lafayette Livingston 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co., Mo.

MOTHER 15. MAIDEN NAME Amanda Livingston 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co., Mo.

17. INFORMANT (ADDRESS) Chas. Ellis
2508 So. 4th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wathena, Kansas DATE Feb, 9, 1938

19. FUNERAL DIRECTOR (ADDRESS) Walter Meckler
1302 Faraon St. St. Joseph, Mo.

20. FILED 7/9 38 W. J. Mitchell
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 7, 1938
 22. I HEREBY CERTIFY, That I viewed on Feb, 7, 1938, 19... to... 19...
 I last saw him im alive on... 19... Death is said to have occurred on the date stated above, at 1.00 m. A.M.
 The principal cause of death and related causes of importance were as follows:
Mitra Insufficiency Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation History Date of...
 What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19...
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify B. W. Tadlock - Coroner
 (Signed) B. W. Tadlock (Address) King Hill Bldg. St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Arthur H. Kelly, Licensed Embalmer No. 3946 Mo

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.
No. M. 3946 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Arthur H. Kelly
Licensed Embalmer No. M. 3946

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.)